

**Community Advisory Committee
Quarterly/Annual Visitation Report**

County: Orange	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: Carolina Point Current Census: 102/140
Visit Date and day of the week Sat. Feb 21, 2015	Time spent in facility 1 ½ hr.	Arrival time 10:30 AM
Name of person(s) with whom exit interview was held Supervisor		Interview was held Yes
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members 11		Report completed by:
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted: Yes	
The most recent survey was readily accessible Yes (Required for NHs only – record date of most recent survey posted) :	Staffing information clearly posted? Yes	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	4. We observed respectful and friendly conversation between staff and residents. A family was visiting to consider the facility for a family member and was being guided through by the Director of Admissions. The Receptionist at the front door was especially pleasant and efficient in her interactions with us and with all others.
2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses)	Yes	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
4. Were residents interacting with staff, other residents & visitors?	Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	
5a. Did staff members wear nametags that are easily read by residents and visitors?	Yes	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)	N/A	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	10c. Storage room that contained residents' records in boxes was unlocked. Salon was unlocked and was unoccupied. Door leading to stairway was unlocked.
9. Did you notice unpleasant odors?	No	
10. Did you see items that could cause harm or be hazardous?	No	
10a. Were unattended med carts locked?	Yes	14. One resident reported waiting a long time for call light to be answered. However, during the time of our visit call lights were being answered promptly and pleasantly.
10b. Were bathrooms clean, odor-free and free from hazards?	Yes	
10c. Were rooms containing hazardous materials locked?	Yes	
11. Did residents feel their living areas were kept at a reasonable noise level?	Yes	One resident reported that a staff member did not understand how he needed to be cared for and was concerned that a mistake might cause injury. He gave permission for this to be shared with the supervisor and for the supervisor to visit him to discuss.
12. Does the facility accommodate smokers?	No	
12a. Where? (Outside / inside / both)	N/A	
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner?	No	
14a. If no, did you share this with the administrative staff?	N/A	

*** N/A equals not applicable, not asked, not observed

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	<p>15. A large number of residents were attending an activity of exercises and songs held in the Dining Room. The leader was seated in a rolling chair, which was at the level of the residents, and was interacting in a friendly and encouraging manner.</p> <p>One resident had a broken electric wheelchair and was bedbound. With her permission, this was reported to the Supervisor to request it to be fixed.</p> <p>17b. Most residents said that the food was OK. One resident wanted to receive salt on tray and sugar with coffee. He wanted to speak to the Dietician about his food and this was shared with the Supervisor.</p> <p>19. Staff are being encouraged to become a "care ambassador" for one or more residents in order to get to know them and advocate for them in a special way.</p>
15a. Was a current activity calendar posted in the facility?	Yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	Yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	N/A	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	Yes	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Y/N	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	Yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	NA	
20. Does the facility have a functioning: Resident's Council? Family Council?	Yes Yes	

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>The Nursing Supervisor said that they are participating in the "Music in My Mind" program and they have about 6 iPods at this time. She would like to receive more. We asked about the cost of purchasing iPods for the facility and will follow up during the next visit.</p> <hr/>

