

**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: 99/140
Visit Date and day of the week May 26, 2015 Tuesday	Time spent in facility 1 ½ hr.	Arrival time 1:10 PM
Name of person(s) with whom exit interview was held Administrator		Interview was held in person Yes
Committee members present: Two committee members completed visit		
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) : April 6, 2015	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. The Front Door Receptionist was pleasant and efficient in her interactions with us and with others. 5a. At least three staff members were not wearing name tags.
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?	No	
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?	Y/N	8. There is minimal space for personal items to make rooms homelike. Most rooms are shared and are very limited in space and have bulletin board for personal photos or cards. 10b. Bathroom used as storage for wheelchairs. 10c. Biohazard Room on 400 Hall was unlocked. Salon was unlocked and was unoccupied. 13. One call light was beyond reach. This was brought to attention of staff member who was responsive. 14. Call lights were answered promptly during our visit.
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	
10b. Were bathrooms clean, odor-free and free from hazards?	No	
10c. Were rooms containing hazardous materials locked?	Yes	
11. Did residents feel their living areas were kept at a reasonable noise level?	Yes	
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?	Yes	
14a. If no, did you share this with the administrative staff?	Yes	

*** 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. One resident had a broken electric wheelchair and was bedbound and we had asked at an earlier visit about whether this could be fixed. We were told that it couldn't be fixed without proper funds. This resident said she would like to participate in activities and this was repeated to the administrator.</p> <p>15a. The current activity calendar (which is posted in each resident room) is printed in a font that is so small it is almost impossible to read. We were told an activity calendar with a larger font is being planned. .</p> <p>17b. A number of residents were sitting in the hallway and were asked about food choices. Most were not positive and stated food they liked and food they didn't like. When asked if the dietician came to Residents' Council to hear about their food preferences, one resident stated they had done that and: "Nothing happens." Some residents said the food was OK.</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?	No	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Yes	
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)	Yes	
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>Follow up with bedbound resident who would like to participate in activities outside resident room.</p> <p>Make sure all call bells are within a resident's reach.</p> <p>Wheelchairs can be a hazard when stored in residents' showers and bathrooms.</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>We mentioned the comments residents made about food.</p> <p>A request is being made to acquire more iPods for the "Music in My Mind" program. The Orange County Ombudsman is helping with this.</p> <p>The former Activity Director is now attending Nursing School and has been replaced. The new director is making activity calendars with larger print and has new ideas for resident activities.</p>

