

**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: Pruitt Carolina Point  Census – current/licensed: 128/140
Visit Date and day of the week 06/17/2016 Friday	Time spent in facility 1 hour 55 minutes	Arrival time 0940
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members 12		Report completed by:
Resident Rights information is clearly posted? Y	Ombudsman contact information is correct and clearly posted: Y	
The most recent survey was readily accessible Y (Required for NHs only – record date of most recent survey posted) : 4/22/2016	Staffing information clearly posted? Y	

<b>Resident Profile</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
1. Do the residents appear neat, clean and odor free?	Y	2. One resident was found still in bed, despite wanting to be dressed and out of her bed  5. One resident was unable to clearly verbally communicate. The resident was heard verbally calling for assistance; no one answered her calls.  5a. Name tags are easily flipped such that they cannot be read.
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)	Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Y	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	N	
5a Did staff members wear nametags that are easily read by residents and visitors?	N	
6. Did you observe restraints in use?	Y	
7. If so, did you ask staff about the facility's restraint policies? Note: Do not ask about confidential information without consent	Y	

<b>Resident Living Accommodations</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
8. Did residents describe their living environment as homelike?	Y	8. Resident rooms held personal items, photos, letters, etc. Three residents told the advocate that due to space limitations, they had difficulty navigating their wheelchair out of the room.  10. A laundry cart was located on the opposite of a hallway that had other carts.  12. When asked directly, one resident offered that smoking was not allowed either within or on the grounds of the facility”  13. Two significantly handicapped residents were unable to reach call lights.
9. Did you notice unpleasant odors?	N	
10. Did you see items that could cause harm or be hazardous?	Y	
10a. Were unattended med carts locked?	N	
10b. Were bathrooms clean, odor-free and free from hazards?	Y	
10c. Were rooms containing hazardous materials locked?	Y	
11. Did residents feel their living areas were kept at a reasonable noise level?	Y	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	N	
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner?	Y	
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?	Y	17b One resident was having difficulties with meals. The resident's documented food allergies were ignored. 17c. Ice was carried on each medication cart. Cooler chests of ice were on mobile shelves in halls. Some residents did not receive fresh water until 1100
15a. Was a current activity calendar posted in the facility?	Y	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	Y	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Y	
16a. Can residents access their monthly needs funds at their convenience?	Y	
17. Are residents asked their preferences about meal & snack choices?	Y	
17a. Are they given a choice about where they prefer to dine?	Y	
17b. Did residents express positive opinions regarding their dining experience?	N	
17c. Is fresh ice water available and provided to residents?	Y	
18. Do residents have privacy in making and receiving phone calls?	Y	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Y	
20. Does the facility have a functioning: Resident's Council? Family Council?	Y Y	

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	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?
13. Two significantly handicapped residents were unable to reach call lights.	
17b One resident was having difficulties with meals. The resident's food allergies were ignored.	<p>The exit interview went well. The DON told us she does not have a business card. We did not ask if this was company policy.</p> <p>The DON was concerned about items 5 and 17b. We suggested that residents who had experienced unilateral strokes always be positioned such that that could see the room door with their good eye.</p>