

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

County Orange	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Carolina Point Census – current/licensed: 110/140
Visit Date and day of the week 11/16/15 Monday	Time spent in facility 1 hours 30 minutes	Arrival time 2:00
Name of person(s) with whom exit interview was held Administrator		Interview was held <input type="checkbox"/> in person
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members 7		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) : Oct 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?	Y	5a: Administrator stated that the nametag machine was broken and being fixed.
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)	N/A	
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/A	
5a Did staff members wear nametags that are easily read by residents and visitors?	N*	
6. Did you observe restraints in use?	N	
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	14. All residents questioned stated the staff could be faster at answering call bells. Drills for the staff are held to improve call bell response time.
9. Did you notice unpleasant odors?	N	
10. Did you see items that could cause harm or be hazardous?	N	
10a. Were unattended med carts locked?	N/A	
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?	N/A	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	Y	
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner?	N*	
14a If no, did you share this with the administrative staff?	Y	

*** 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	17. A resident who identifies as Muslim reported that the nursing home provides meals that coincide with his religious beliefs. 17b. One resident stated that he/she was suppose to receive a low salt diet but did not believe she was.
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?	N/A	
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
<p data-bbox="115 1066 779 1129">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p data-bbox="115 1165 792 1264">-One resident stated that he/she had received laundry with missing clothes. -Call bell response time.</p>	<p data-bbox="821 1066 1523 1192">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> <hr data-bbox="821 1228 1474 1234"/> <p data-bbox="821 1270 1495 1360">The administrator states that they are improving call bell time and are currently at the response time of less than 15 minutes.</p> <p data-bbox="821 1367 1523 1591">We spoke with the administrator about all concerns. The nametag issue was being solved. She states that she eats lunch from the kitchen everyday and the food is good. The facility implements a no pass rule meaning that if a call bell is going off, ay kind of staff must either answer it, or notify someone who is able to appropriately answer the needs of the resident.</p> <p data-bbox="821 1598 1523 1661">The laundry situation would be addressed as well as dietary needs.</p>

