

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

County Orange	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Carolina House of CH Census: 53 of 64
Visit Date and day of the week 3/06/12 Tues	Time spent in facility 45 hour .	Arrival 1:40 PM
Name of person(s) with whom exit interview was held Business Office Coordinator		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: Two 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 (Required for NHs only – record date of most recent survey posted) :	Staffing information clearly posted? All staff had name tags. Business cards were available at the front desk for main staff. Names normally displayed on each floor.	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes/No	3. Two care providers were helping move a resident in her bed. They appeared caring and capable.
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)	No	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	9.. A resident that has a cat in her room was visited. There was a strong urine odor in the room. The resident reports the kitty litter box is emptied daily. The facility was very clean otherwise. The Special Care unit completely eliminated previously reported odor issues. 12. /12a. No smoking is allowed in the building. Smoking is only allowed in designated locations outside.
9. Did you notice unpleasant odors?	Yes	
10. Did you see items that could cause harm or be hazardous?	No	
10a. Were unattended med carts locked?	No	
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?	N/A	
12. Does the facility accommodate smokers?	Yes	
12a. Where? (Outside / inside / both) Outside		
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner?	N/A	
14a. If no, did you share this with the administrative staff?		

*** 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?	N/A	15a. Schedules for daily activities are posted in the hallways. The activities were varied but none were scheduled at our visitation time. 17. Snacks were available on request and were scheduled at different times during the day. A coffee maker was available in the snack room. 17a. Residents are encouraged to eat in the dining room. 17c. Water coolers with cups are located on each floor and water pitchers in dining room.
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?	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)?	Yes	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	YES	

Areas of Concern	Exit Summary
<p>The Carolina House continues to present a comfortable welcoming environment for residents. The following issues were discussed during our exit reporting.</p> <ol style="list-style-type: none"> 1. A resident who has a cat living with her had a strong urine odor detected only within her room. 2. One resident complained food is late and sometimes cold when served. 3. A cleaning closet was left "ajar". When the door was fully closed it locked. 	<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> <hr/> <p style="text-align: center;">We discussed our visit with the Business Office Coordinator. The odor problem previously reported in the Special Care Unit has been completely eliminated. Training of staff was occurring while we were present. The Coordinator indicated they are having required training covering a wide variety of topics regarding care. In regard to the "urine odor" in the resident room who owned a cat, we were advised the odor is an ongoing problem that they are working to eliminate but it is difficult because the room must remain closed to keep the cat confined. Finally, we discussed the cleaning closet left "ajar". The Coordinator reported she will follow up on that safety issue immediately.</p>