

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

County: Orange	Facility Type X Adult Care Home	Facility Name: Carolina House Census: 50/55
Visit Date and day of the week 01/16/2013 Wednesday	50 min	10:00 a.m.
Name of person(s) with whom exit interview was held Executive Director		Interview was held: Yes
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members: 10-15		Report completed by:
Residents' 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? Yes. Staffing was posted on each of the three floors.	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	5. Several staff members were observed interacting with residents. 5a. All staff members were 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?	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	8. Several residents said the facility is comfortable and homelike. 10. A receptionist was at the desk inside the front door to welcome visitors and provide entrance control. 10b. Two bathrooms were checked; they were clean and odor-free. 10c. The doors to several "Electrical" rooms were checked. They were all locked. 11. We did not ask residents about this. However, the facility seemed quiet or noise-free to the visiting team.
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?	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?	N/A	
12a. Where? (Outside / inside / both)		
13. Were residents able to reach their call bells with ease?	N/A	
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	

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

