

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

County <b>Orange</b>	Facility Type <b>Adult Care Home</b>	Facility Name: Carolina House Census: 46/62 . .
Visit Date and day of the week <b>October 28, Monday</b>	Time spent in facility <b>About 1 hour</b>	Arrival time <b>2:30 p. m.</b>
Name of person(s) with whom exit interview was held <b>Executive Director, and Business Office Coordinator</b>		Interview was held in person: Yes
Committee members present: <b>Four Committee Members</b>		
Number of residents who received personal visits from committee members <b>Nine residents contacted</b>		Report completed by:
Resident Rights information is clearly posted? <b>Yes</b>	Ombudsman contact information is correct and clearly posted: <b>Yes</b>	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : <b>NA</b>	Staffing information clearly posted? <b>No. See comments below under “Areas of Concern”.</b>	

<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?	<b>Yes</b>	<b>1. Residents we saw were neat and clean. 3. &amp; 4. Staff was observed interacting with and helping residents, and residents were seen interacting with one another. 5. One resident, who has been at Carolina House for four years, said staff is responsive. Several other residents with whom the visitors talked confirmed this observation. One member of the visiting team found a room call bell difficult to activate. Another visiting team member talked to a resident who said that first-line staff were occasionally stretched too thin</b>
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)	<b>Yes</b>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<b>Yes</b>	
4. Were residents interacting with staff, other residents & visitors?	<b>Yes</b>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<b>Yes</b>	
5a. Did staff members wear nametags that are easily read by residents and visitors?	<b>Yes</b>	
6. Did you observe restraints in use?	<b>No</b>	
7. If so, did you ask staff about the facility’s restraint policies? (note: Do not ask about confidential information without consent)	<b>NA</b>	

<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?	<b>Yes</b>	<b>9. No unpleasant odors were noted by the visitors, except near one resident’s room in the Memory Care Unit. 10c. One electric room was found to be unlocked, with the door ajar.</b>
9. Did you notice unpleasant odors?	<b>No*</b>	
10. Did you see items that could cause harm or be hazardous?	<b>No</b>	
10a. Were unattended med carts locked?	<b>Yes</b>	
10b. Were bathrooms clean, odor-free and free from hazards?	<b>Yes</b>	
10c. Were rooms containing hazardous materials locked?	<b>Yes*</b>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<b>Yes</b>	
12. Does the facility accommodate smokers?	<b>N/A</b>	
12a. Where? (Outside / inside / both)		
13. Were residents able to reach their call bells with ease?	<b>Yes*</b>	
14. Did staff answer call bells in a timely & courteous manner?	<b>Yes</b>	
14a. If no, did you share this with the administrative staff?	<b>Yes</b>	

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

