

**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: Carolina Point
Visit Date and day of the week May 29, Thursday	Time spent in facility 1.5 hours	Arrival time 10:30 AM
Name of person(s) with whom exit interview was held Administrator		Interview was held yes <input type="checkbox"/>
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members 10		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) : 3/14	Staffing information clearly posted? yes	

<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?	Yes	5a. Two staff did not have visible nametags. We were asked by staff if they could help us and politely about who we were. We wore nametags and explained the reason for visit.
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?	No	
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)	NA	

<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?	Yes	9. There was a mild unpleasant odor throughout hallways. The origin wasn't apparent to the visitors.  13. One call bell was out of reach of a disabled resident. It was attached to his bed rail but impossible for him to reach. 14. One resident said that staff was overworked and needed more help "badly"
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?	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?	Yes	
12. Does the facility accommodate smokers?	Yes	
12a. Where? (Outside / inside / both)	Outside	
13. Were residents able to reach their call bells with ease?	No	
14. Did staff answer call bells in a timely & courteous manner?	Yes/No	
14a. If no, did you share this with the administrative staff?	Yes	

\*\*\* 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?	Yes	15. One resident wanted to go outside but needed "lean back wheelchair" which was ordered but had not yet come. 15b. A sitting exercise group was taking place.  17b. One resident complained about too much pepper in the food. Other residents said food was OK 17c. Water had not been passed out yet. Water was left over from night shift for at least one resident.
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/No	
17c. Is fresh ice water available and provided to residents?		
18. Do residents have privacy in making and receiving phone calls?		
19. Is there evidence of community involvement from other civic, volunteer or religious groups?		
20. Does the facility have a functioning: Resident's Council? Family Council?	Yes Yes	

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?	<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>We spoke with the new Administrator who was formerly the DON in Wake County. She would like to stay at Carolina Point for a significant time. She took notes and spoke about her plans to improve services, including the courtyard for residents' enjoyment. She is working with the Nursing Home Ombudsman on various issues. We were favorably impressed with her enthusiasm and knowledge. The staff were uniformly polite and professional.</p> <p>Administrator showed us the courtyard area that needed refurbishment, a better raised garden bed and some more umbrellas for shade. Courtyard we viewed was outdoors and enclosed and had great potential for resident use.</p>