

=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 Tuesday – March 18, 2014	Time spent in facility 65 minutes	Arrival time 2:00 p.m.
Name of person(s) with whom exit interview was held Director of Nursing		Interview was held <input checked="" type="checkbox"/> Census 121 / 140
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members 11		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) : February 15, 2014	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?	No *	1. One resident's room had a bad, unidentifiable smell. A return visit 20 minutes later revealed the same smell. 5a. Two housekeeping personnel had no nametags
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)	Yes	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	9. See number 1. One resident's room had a bad unidentifiable smell. A return visit 20 minutes later revealed the same smell. The 500 hallway had a bad smell. 10. Room that contained old medical records was unlocked. 14. One resident reported two delays within the week. One for 20 minutes and one for 25 minutes. 14a This was reported during the exit interview.
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?	Yes	
14. Did staff answer call bells in a timely & courteous manner?	No *	
14a. If no, did you share this with the administrative staff?	Yes *	

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

Facility / date: 03 /18/2014

Carolina Point

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	17. Residents reported the food was good and some said it had improved. One resident reported that he could not eat the food prepared and chose to eat a sandwich at each meal.
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)?		
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	Yes	
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 Yes	

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Unpleasant smell in some rooms and hallway.</p> <p>Special dietary needs should be promptly followed.</p>	<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>One resident reported that she told the nurse who admitted her that she is diabetic. She said it took two days for her to start receiving meals for people with diabetes. This was reported during the exit interview.</p> <p>Currently there is an interim administrator and a permanent administrator is due to be hired soon. We met with the Director of Nursing and reported all findings mentioned in the survey above. This person took notes in order to follow-up.</p>