

**=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 – September 19, 2014	Time spent in facility 1.5 hours	Arrival time 1:15 p.m.
Name of person(s) with whom exit interview was held: Director of Nursing, three other RNs		Interview was held: yes  Census 123/140
Committee members present: Two 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) : March, 2014	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/No*	1. One resident in a wheelchair was in the front lobby wearing only a hospital gown, no armband or other means of identity, and with bare feet. She had difficulty communicating. Other residents were seen without armbands. 2 & 3. Some residents reported they had received good care. There were signs of good care: good positioning in bed for one resident. Some were dressed in street clothes and with beds made. Some appeared poorly covered. 5a. Most staff we saw were not wearing 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	

<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	13. Call bells were not placed within reach of some residents who were not in bed. 14. One resident was being discharged to home because of family dissatisfaction with care. (Lack of turning, bathing.) Other residents complained about lack of adequate staff, particularly on weekends and at night. Other complaints: lack of towels, wash cloths, shower room not kept clean, kitchen running out of food, lack of activities in evening and weekends, lack of TV selection on some resident TVs, lack of snacks. One resident complained that the heavy doors between halls and at front door (without handicap access) prevented her from traveling freely in her wheelchair or walker. One resident with walker almost fell trying get through heavy door. 14a All complaints were reported during the exit interview.
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?	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?	No*	
14a. * If no, did you share this with the administrative staff?	Yes	

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

Facility / date: 09/19/2014
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	<p>15. Resident wanted more activities during evening and weekend hours. DON didn't know whether activities were planned for residents with dementia.</p> <p>16. Coffee bar coffee was free to residents and discounted to staff.</p> <p>17. Two residents reported the food was not good. One resident on a diabetic diet complained about carbs being served and said this was a common problem during her stay. One resident said snacks were not available.</p> <p>17c. No pitchers were evident on bedside tables. It is questionable residents with dementia were able to access water without help.</p> <p>20. One Resident's council member felt concerns were not addressed even though they were expressed to administration. Two Family council members said they didn't feel that their expressed needs were being met.</p>
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?	N/A	
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/No*	
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?	Yes/No*	
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?	No	
20. Does the facility have a functioning: Resident's Council? Family Council?	Yes/No* Yes/No*	

Areas of Concern	Exit Summary
There were a number of areas of concern noted above that need to be checked on 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>The administrator was not available so we began meeting with the DON, and three other RNs with leadership responsibilities. All resident complaints we had been given were reported and the response was that some were unfounded: e.g. snacks, TV stations. They did say interviews were being held to hire more new staff, that new higher par levels were established for linen laundry items. The administrator stuck her head in the door at the end of the interview and said staff nametags are being ordered.</p>