

**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  Census: 117 / 140
Visit Date and day of the week July 22, 2013	Time spent in facility 1 Hour 25 Minutes	Arrival time 5:10 PM
Name of person(s) with whom exit interview was held Director of Health Services		Interview was held Yes <input type="checkbox"/>
Committee members present: Three committee members		
Number of residents who received personal visits from committee members 21		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 (Required for NHs only – record date of most recent survey posted) : April 16, 2013	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 members did not have nametags on
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?	Most	
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	9. One commode had been stopped up for three days. It was fixed a few hours earlier but there was residual smell.  13. The call bells for two residents were under the nightstand. They were covered with lint.
9. Did you notice unpleasant odors?	Yes	
10. Did you see items that could cause harm or be hazardous?	Yes	
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	
14a. If no, did you share this with the administrative staff?	Yes	

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

Facility / date: Carolina Point July 22, 2013
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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	17b One resident said the food was good. Three residents said the food was OK. Seven residents said the food was not good and the service was poor. One resident was given food even though it was well known that he had an allergy to this food choice.. Six residents said the servings were too small – suitable for small children. One of the resident’s evening meal was observed. The diameter of baked lasagna being served was about 2 inches and less than a half inch thick. Six residents said if baked potatoes were part of the meal, they were served half of a small potato. Seven residents reported that when they asked for an alternative for their meal, the staff left then came back and said the replacement servings had been thrown away.
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	
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)?	No	
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 Food Services	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> <hr/> <p>See 17b above. Both the quality and serving sizes. All food served at meals should be closely observed and/or reported. Five residents were hiding snack food to supplement their meals.</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>5a, 9, 13 and 17b were discussed with Health Services Director. He said he would check on the problems.</p>