

**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: UniHealth Post Acute Care – Carolina Point Census: 102/140
Visit Date and day of the week: Thursday, March 29, 2012	Time spent in facility: 1 hour 40 minutes	Arrival time: 2:50
Name of person(s) with whom exit interview was held Interim administrator		Interview was held <input checked="" type="checkbox"/>
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members 17		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) : March 8, 2012	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?	Yes	2. One resident commented that staff are willing to help with toileting and personal care, but are very slow to respond to call bells. 5a. One staff member had to retrieve her name tag from her pocket. UniHealth is in the process of designing new nametags. 7. Restraint policies are in their Standard Operating procedure manuals.
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?	Yes*	
6. Did you observe restraints in use?	Yes	
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. One resident had an open wound that needed the dressing changed. 10c. One mechanical room was unlocked. One Beauty Parlor closet was unlocked.
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?	No	
11. Did residents feel their living areas were kept at a reasonable noise level?	Yes	

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

Facility / date: Unihealth - March 29, 2012

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
12. Does the facility accommodate smokers?	No	14. Resident complaint about slow call bell response times. 18. Access to the house phone(s) continues to be an issue, with two residents commenting that the cordless phone is frequently in use or unaccounted for (and phones are not available in the rooms).
12a. Where? (Outside / inside / both)	N/A	
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	
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	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	No*	
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?	Yes	
Family Council?	Yes	

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

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> <hr/> <p>Three residents expressed concerns about how to access their personal accounts. The distribution of received funds was listed in the latest survey report.</p> <p>Call bell response time and access to house phones continue to be of concern at this facility.</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>UniHealth has a person assigned to this facility for the express purpose of evaluating financial record keeping. This person's assignment, as discussed with the administrator, is to correct past funds distribution problems.</p> <p>The administrator was quite cordial and very helpful. The administrator is at this location on a temporary assignment.</p> <p>Call bell response time and access to house phones continue to be of concern at this facility. CAC members discussed this with the interim administrator.</p>