

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

County: Chatham	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: Carolina Meadows Health Center: The Pines.  Census: 59/86
Visit Date and day of the week Tuesday 5/24/16	Time spent in facility 1:00 hours	Arrival time 1:30PM
Person(s) with whom exit interview was held Nursing Supervisor		Interview was held in person yes
Committee members present: Two                      Report: Completed by CAC Member		
Number of residents who received personal visits from committee members 13 and 3 family members		
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) : 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	No clutter in halls or rooms.  5. One resident needed help with loose fitting oxygen apparatus; NA came immediately when I informed her of pt's request for help.
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?	No	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)	N/A	

<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	Neither, the Pines is a non-smoking facility.
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?	No	
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?	N/A	
12a. Where? (Outside / inside / both)	Both	
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner?	N/A	
14a. If no, did you share this with the administrative staff?		

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

Facility / date: 5/24/16 The Pines/Carolina Meadows

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	R15.. Residents expressed satisfaction with activities offered. An activity today was pet therapy (parakeets) in the activity room.  Intern was assisting one resident with Music and Memory program..
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?	N/A	
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)	N/A	
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?	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	

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>Most residents very pleased with their care; one resident felt nurse aide at times appeared rushed.</p> <p>Family members very pleased with care.</p> <p>F/u on issue from last time. Official explained that staff are conscientious re bed making; sometimes the residents defer having the bed made up.</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>Administrator and DOM at training and staffing today. Nurse Supervisor welcoming and open to questions and concerns.</p>