Community Advisory Committee Quarterly/Annual Visitation Report

County: Wake	Facility Type: Adult Care Home	Facility Name/Address: Magnolia Glenn 3515 Creedmore Road Raleigh
Visit Date: 8 /1 /2024	Time spent in facility: hr 45 min	Arrival time: : 10:55 am pm
Name of person exit interview was held with: AL Director Admin. SIC (Supervisor in Charge) Other Staff Rep.		Interview was held: in Person Phone
Committee Members Present: Two Volunteers		Report Completed by: Volunteer
Number of Residents who received personal visits from committee members: 5		
Resident Rights Information is clearly visible: X Yes No		Ombudsman Contact Info is correct and clearly posted: X Yes No
The most recent survey was readily accessible: Yes No NA (*Required for Nursing Homes Only*)		Staffing information clearly posted: Yes X No

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	YES	
2. Did residents say they receive assistance with personal care activities? *Ex. 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	
6. Did you observe restraints in use?	NO	
7. If so, did you ask staff about the facility's restraint policies?	NA	

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	YES	
9. Did you notice unpleasant odors in commonly used areas?	YES	New carpeting was being installed and there was a smell from the glue being used.
10. Did you see items that could cause harm or be hazardous?	NO	
11. Did residents feel their living areas were too noisy?	NO	
12. Does the facility accommodate smokers? Where? Outside only Inside only Both Inside/Outside	NA	
13. Were residents able to reach their call bells with ease?	YES	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	YES	

Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	YES	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	YES	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	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 Resident's Council? Family Council?	YES	
Areas of Concern	**Yes/No/NA**	**Exit Summary**
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Residents did complain there were not enough staff available at mealtimes and wait times were excessive.		Discuss items from "Areas of Concern" Section as well as any changes observed During the visit the AL Director told us there was a new dietary manager and that the concerns about staffing were known and that they were working on them.