Community Advisory Committee Quarterly/Annual Visitation Report

County: WAKE	Facility Type: ☐ Family Care Home ☐ Nursing Home ☒ Adult Care Home	Facility Name/Address: Magnolia Glen
Visit Date: 10 / 06 / 22	Time spent in facility: 1hr min	Arrival time: 11:30: ☒ am ☐ pm

Name of person exit interview was held with: Assisted Living Director Interview was held: ☐ in Person ☐ Phone
☒ Admin. ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep.

Committee Members Present: Two Volunteers	Report Completed by: Volunteer
Number of Residents who received personal visits from committee members: 12	
Resident Rights Information is clearly visable: ☒ Yes ☐ No	Ombudsman Contact Info is correct and clearly posted: ☒ Yes ☐ No
The most recent survey was readily accessible: ☐ Yes ☐ No (*Required for Nursing Homes Only*)	Staffing information clearly posted: ☐ Yes ☐ No

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	YES	All residents were dressed neatly; clothes were clean; all had excellent hygiene.
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	All residents were engaging with other residents, staff, and visitors. They were very friendly and social in demeaner.
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?	n/a	
7. If so, did you ask staff about the facility's restraint policies?	n/a	

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	YES	Every resident we spoke to described Magnolia Glen as their home. They did not want to go live anywhere else; and said they were totally content, comfortable & happy. They described staff as family members.
9. Did you notice unpleasant odors in commonly used areas?	NO	
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	NO	
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 n/a	

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 YES YES	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	YES YES	Residents said they enjoyed the food choices and how staff knew what their favorite meals were.
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	Residents are very involved and active with their Resident Council.
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?	NO	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit N/A

This Document is **PUBLIC RECORD**. **Do not** identify any Resident(s) by name or inference on this form.