

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

County wOrange	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Carillion Census – current/licensed: 55/96
Visit Date and day of the week 3/31/15 Wednesday	Time spent in facility 1 hours 05 minutes	Arrival time 10:15 AM
Name of person(s) with whom exit interview was held Adminstrative Assistang		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members 16		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) :	Staffing information clearly posted? N/A	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Y	1. With the exception of one male resident. He was not completely dressed; had dirty clothes strewn all over room. Bed was unmade.
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)	Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N/A	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Y	
5a Did staff members wear nametags that are easily read by residents and visitors?	Y	
6. Did you observe restraints in use?	N/A	
7. If so, did you ask staff about the facility's restraint policies? Note: Do not ask about confidential information without consent	N/A	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Y	Facility highly praised by residents that we spoke with. Facility is quiet since most residents have their own room. Smoking allowed in screened in back porch.
9. Did you notice unpleasant odors?	N	
10. Did you see items that could cause harm or be hazardous?	N	
10a. Were unattended med carts locked?	N	
10b. Were bathrooms clean, odor-free and free from hazards?	Y	
10c. Were rooms containing hazardous materials locked?	Y	
11. Did residents feel their living areas were kept at a reasonable noise level?	Y	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	Y	
13. Were residents able to reach their call bells with ease?	N/A	
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

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?	Y	15. During our visit residents were leaving to go for a scenic ride, including residents from memory unit. 17. Water, lemonade and snacks were located in hall way. Facility is preparing to install a vending machine that dispenses oranges. 19. Volunteers teach arts and crafts
15a. Was a current activity calendar posted in the facility?	Y	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	Y	
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?	N/A	
17. Are residents asked their preferences about meal & snack choices?	Y	
17a. Are they given a choice about where they prefer to dine?	Y	
17b. Did residents express positive opinions regarding their dining experience?	Y	
17c. Is fresh ice water available and provided to residents?	Y	
18. Do residents have privacy in making and receiving phone calls?	Y	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Y	
20. Does the facility have a functioning: Resident's Council? Family Council?	Y	

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	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?
No	<p>The exit interview was positive. The committee discussed observing a male resident who was not completely dressed. His bed was unmade and clothes strewn all over floor. This finding was shared with the Administrative Assistant, and her response was, "Oh, he changes his clothes several times a day". She stated she would have a staff member go to his room.</p> <p>The facility has a new activity instructor who has a degree and prior experience. Residents are participating in gardening activities. The Administration appears to be pleased with new activity director.</p>

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