

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

County: Orange	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Carol Woods Census: Bldg 5: 30/35; Bldg 6: 4+1/12* (See note) ; Bldg 7: 9/12
Visit Date and day of the week November 4, 2014	Time spent in facility 1 hr.	Arrival time 10.40 am
Person(s) with whom exit interview was held Administrator.		Interview was held in person

Committee members present: Two Committee Members

Number of residents who received personal visits from committee members 14

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? Yes

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	* A new admission was expected in the pm hours, arriving in Bldg 6 2. Several staff were observed interacting with residents 4. A group of 11 residents was observed handling bells , involved in dexterity and exercise activity(Bldg 5). In Bldg 6 a program was in progress defined as "Ageless Grace". 5a. All staff wore new personal and excellent name tags.
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	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	
9. Did you notice unpleasant odors?	Yes	
10. Did you see items that could cause harm or be hazardous?	Yes	
10a. Were unattended med carts locked?	N/A	
10b. Were bathrooms clean, odor-free and free from hazards?	Yes	
10c. Were rooms containing hazardous materials locked?	N/A	
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)	N/A	
13. Were residents able to reach their call bells with ease?	N/A	
14. Did staff answer call bells in a timely & courteous manner?	Yes	
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?	Yes	17 b. Comments concerning food quality were favorable, suggesting that meals are "above average" or "excellent". 19. Residents reported a variety of visitors, church services and outing programs. Carol Woods is proceeding with the renovation of a wing hosting the Charles House initiative on the premises. This will provide additional interacting opportunities for residents in assisted living..
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?	N/A	
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>Visitors were positively impressed with residents most favorable comments about care received and comfortable environment in all three buidlings. Program on activities for residents was also found to be robust.</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>Visitors had the opportunity to meet briefly with the Coordinator of Activities This new position is devoted to the enhancement of the care provided. The Administrator reported about a recent visit by a Japanese delegation interested in the Senior Adult Care in the US. The Administrator addressed the limited occupancy of facilities. A variety of factors currently in place will be minimized in upcoming years</p>