

Community Advisory Committee Quarterly/Annual Visitation Report		
County: Orange	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home	Facility Name: Carol Woods Census: bldg. 5: 28/35; bldg.6 & 7: 20/24
Visit Date and day of the week Thursday August 13, 2015	Time spent in facility 1 hour	Arrival time 11:30 am
Name of person(s) with whom exit interview was held: Assisted Living Coordinator RN Coordinator Assisted Living, and Back up Administrator		Interview was held in person Yes
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members : 12		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? Yes	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	1. Residents looked fresh, comfortable, and well. 2. Residents reported attentive and good care from the staff. Several reported that they are able to do most of their own personal care, but get help when they need it. One resident said that an outside contractor had been slow to service and deliver and when onsite was not responsive or attentive to needed work. This was reported to RN coordinator who said it has been noted and she has contacted this contractor with other service issues. The firm is changing management/ownership and that appears to be the problem. However, she said this latest report would be handled with urgency. 4. One resident said staff was outstanding, but was concerned about some resident-to-resident issues. This was shared at the Exit Summary meeting. 5. Friendly and caring interactions were noted.
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)	NA	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	8: All three buildings appeared in excellent condition, attractive and comfortable with both private and common areas for residents and guests. The dining rooms were bright and inviting with some cooking and serving activities visible adding to a home-feel.
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.	N/A	
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	Yes	

level?		10, 10a and 10c. No med carts observed.
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?	Yes	
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

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	15. a 15. b. An art activity was underway in building 5. When asked about participating in activities, several residents said they often signed up and sometimes participated. One resident said she had come from a bread baking activity. 17., 17a. & 17b. Residents interviewed said the food and dining are good or very good and getting better. 19. Transportation is available for assisted living residents to go out into the community for suitable activities. The Charles House Adult Daycare program Open House was scheduled for the afternoon we visited. This is a separate business, but some mutually beneficial activities are anticipated—e.g. in-service training, resource sharing, etc.
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 See note	
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?	N/A	
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?	Yes	
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>As follow up from the last visit residents' were asked about staffing adequacy throughout the day and reported no problems.</p> <p>At the next visit, the team should follow-up regarding the oxygen provider problem. With oxygen-dependent residents, resolution is vital.</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>The visiting team shared their findings and observations with the Assisted Living Coordinator and RN Coordinator for Assisted Living. They were very responsive to all comments, readily answered all questions, and discussed ongoing evaluations and adjustments to meals and potential staffing needs in Assisted Living.</p>