

<b>Community Advisory Committee Quarterly/Annual Visitation Report</b>		
County: Orange	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home	Facility Name: Carol Woods Census: bldg. 5:30/35; bldg.6: 10/12; Bldg. 7: 11/12
Visit Date and day of the week Thursday May 28, 2015	Time spent in facility 1 hour	Arrival time 11 am
Name of person(s) with whom exit interview was held: Bethany Beale, Assisted Living Coordinator and RN Coordinator Assisted Living		Interview was held in person - Yes
Committee members present: Four Committee Members		
Number of residents who received personal visits from committee members : 13		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	

<b>Resident Profile</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
1. Do the residents appear neat, clean and odor free?	Yes	1. Residents are well groomed and there seems to be an attitude of pride in appearance (both residents and staff) encouraging positive self-esteem throughout the facility.  2. Residents expressed positive views of Carol Woods, the care they receive and their staff interactions. One resident and a Carol Woods Independent Living guest said additional staff is needed in assisted living. "If two or three residents need assistance at the same time there may be only one staff member available to help." The resident said that they believe Carol Woods is aware of the need.  3. A dining room staff member was heard encouraging a resident to look at all the lunch choices and to add vegetables to her lunch choice—resident willingly agreed.  5. Observed interactions between staff and residents were mutually respectful yet warm and welcoming. The staff members appear genuinely to enjoy their work.
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	

<b>Resident Living Accommodations</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
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. 10, 10a and 10c. No med carts were observed. Two housekeeping closets, one
9. Did you notice unpleasant odors?	No	
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?	No	
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	containing bulk cleaning products, the other containing a loaded cleaning cart, in the 500 building were found to be unlocked.
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	<p>15. a 15. b. A jewelry making activity was underway. The participants were busy and engrossed in their projects.</p> <p>Though not an activity, two residents were enjoying a visit at the hair salon.</p> <p>17., 17a. &amp; 17b. Residents interviewed mostly said the food and dining are good or very good. One resident interviewed last quarter said that the quality of meals for assisted living residents has improved notably.</p> <p>19. Transportation is available for assisted living residents to go out into the community for suitable activities. We observed one resident, 102 years old, entering the van. The Charles House Adult Daycare program will be relocating their program to the Carol Woods site, possibly opening this summer.</p>
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>The Assisted Living Director expressed surprise and concern about the unlocked cleaning closet because she has the only key. She stated she would investigate the issue.</p> <p>At next visit, it would be good to get residents' opinions about staffing adequacy throughout the day.</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>