

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

County: Orange	Facility Type ___ Family Care Home <u>X</u> Adult Care Home ___ Nursing Home	Facility Name: The Stratford Census: 67/77; 31/33 in memory care
Visit Date and day of the week December 2, 2014	Time spent in facility 1.5 hours	Arrival time 3:30 PM
Name of person(s) with whom exit interview was held Interim Director on site		Interview was held: Yes, at the end of the visit.
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members Approximately 15		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 N/A (Required for NHs only – record date of most recent survey posted) :	Staffing information clearly posted? No	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	4. Residents observed in common areas with afternoon “snacks” and some observed interacting with other residents or staff. 5.a Only a few staff observed wearing nametags.
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/No	
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		Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	10.a. Medication room door closed and locked.
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 level?	Yes	
12. Does the facility accommodate smokers?	Yes	
12a. Where? (Outside / inside / both)	outside	
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	

*** 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	15. Residents can provide limited input. Schedule of activities is limited in variety and scope.	
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?	No		
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Yes		
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		17.b Some residents commented that breakfast was “OK” with eggs cooked to order. Observed snacks were noted to be sweets.
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Yes		
17c. Is fresh ice water available and provided to residents?	Yes		
18. Do residents have privacy in making and receiving phone calls?	No		18. Residents observed in room labeled “snack room/staff only”.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes		
20. Does the facility have a functioning: Resident Council? Family Council?	Yes No		

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/> <ol style="list-style-type: none"> Lack of permanent leadership. Interim Director(s) available on site part-time on loan from other Meridian locations. Bed bug infestation under control as stated by the Interim Director. Limited activities for residents. 	<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 committee spoke with the Interim Director about the findings of our visit. We also mentioned the Music in my Mind viewing session that was to occur at this facility later in the week; however, he was unaware, which likely limited staff involvement. The committee understood that the facility was in a transitional phase. All things considered, the visit was a good one; however, there is no question that operations will benefit from a full-time administrator.</p>