

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

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| County: Orange | Facility Type: ___ Family Care Home <u>X</u> Adult Care Home ___ Nursing Home | Facility Name: The Stratford Census: 65/77; 25/33 in memory care |
| Visit Date and day of the week: Wednesday, March 18, 2015 | Time spent in facility: 1 hour | Arrival time: 4:15 PM |
| Name of person(s) with whom exit interview was held Resident Care Coordinator | | Interview was held <u>X</u> in person. |
| Committee members present: Three Committee Members | | |
| Number of residents who received personal visits from committee members Approximately 20 | | 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) |
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| 1. Do the residents appear neat, clean and odor free? | Yes | 3., 4., 5. Multiple instances of staff interaction were observed. Staff was seen wheeling numerous residents to the dining room. A staff member was also walking around taking residents' individual meal orders. Residents were observed being assisted with eating in the Memory Care Unit. Numerous residents were interacting and conversing with each other in the foyer area. |
| 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 | 5.a Only a few staff observed wearing nametags. |

| Resident Living Accommodations | | Comments/Other Observations (please number comments) |
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| 8. Did residents describe their living environment as homelike? | Yes | 8. Residents were using newly purchased furniture in the foyer area. The furniture was very home-like and a nice addition. |
| 9. Did you notice unpleasant odors? | No | |
| 10. Did you see items that could cause harm or be hazardous? | No | 10.a. A temporarily unattended medication cart's doors were closed and locked. |
| 10a. Were unattended med carts locked? | Yes | |
| 10b. Were bathrooms clean, odor-free and free from hazards? | Yes | |

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| 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) |
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| 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 appeared more robust than at prior visit. 15b. Visit occurred just prior to dinner service; however, a bingo event had just wrapped up. 17.b. Mixed opinions were expressed about food, but several residents commented that they appreciated having meal choices at lunch and dinner time. The new administrator has promised to revamp the menu in the spring, a welcome change for the residents and staff. |
| 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 | |
| 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 | |
| 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 |
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| 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? |
| <u>Past Areas of Concern</u> 1. Lack of permanent leadership. 2. Bed bug infestation. | The committee spoke w/the Resident Care Coordinator during the exit interview. She was recently promoted from supervisor of the Memory Care Unit to the Resident Care |

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| <p>3. Limited activities for residents.</p> <p><u>Present Areas of Concern</u></p> <p>1. Continued drab appearance of Memory Care Unit</p> | <p>Coordinator for the entire facility. We reported our overall positive findings from our visit, including our impression of general resident satisfaction and resident expression of support for the newly hired administrator. She advised us that the new administrator is a very welcome addition to the Stratford. Unfortunately, the committee just missed meeting her. According to the Resident Care Coordinator she is very “hands on” and “firm, but fair” with staff, having established expectations and a system for recognition. She also has made investments in new furniture, including new tables and chairs in the Memory Care Unit. Additionally, she authorized the purchases of a laptop computer to be used to implement the Music in My Mind program for the Memory Care Residents. RCC indicated that, based on the recent significant investments in the facility, she now believes it is realistic that the Memory Care Unit will receive the cosmetic attention it desperately needs. Overall, the committee had very positive interactions with residents and staff and we specifically observed compassionate interaction between these groups. The general morale was very positive (both residents and staff), which was a noted change from recent visits.</p> |
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