

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

County: Orange	Facility Type ___ Family Care Home __X__ Adult Care Home ___ Nursing Home	Facility Name: Villines Census: 14 out of 16
Visit Date and day of the week June 9, 2014 Monday	Time spent in facility 1 hour	Arrival time 10:00
Name of person(s) with whom exit interview was held Executive Director		Interview was held: Yes
Committee members present: Two committee members		
Number of residents who received personal visits from committee members 3		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) : N/A	Staffing information clearly posted? N/A	

<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	5. No name tags worn
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)	N/A	
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?	No	
6. Did you observe restraints in use?	N/A	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)	N/A	

<b>Resident Living Accommodations</b>		<b>Comments/Other Observations (please number comments)</b>
8. Did residents describe their living environment as homelike?	Y	Facility clean, no odors detected on visit
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?	Yes	
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)	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?	N/A	
14a. If no, did you share this with the administrative staff?	N/A	

\*\*\* N/A equals not applicable, not asked, not observed

<b>Resident Services</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	No	19. Ministers come in several times a week
15a. Was a current activity calendar posted in the facility?	Y	
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?	Yes	
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 Council? Family Council?	No	

<b>Areas of Concern</b>	<b>Exit Summary</b>
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <hr/> Only owner present giving care to 14 people Nametags still not being worn	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? <hr/> Summary of report completed. Owner in charge 24/7.