

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

County: Orange	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: Brookshire Census: 89 out of 100
Visit Date and day of the week 2/12/15 – Thursday	Time spent in facility 1 hour 25 minutes	Arrival time 10:00 AM
Name of person(s) with whom exit interview was held Administrator		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: Two committee members		
Number of residents who received personal visits from committee members 8		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 Yes (Required for NHs only – record date of most recent survey posted) : 2/27/14	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?	Y	
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)	Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Y	
5a. Did staff members wear nametags that are easily read by residents and visitors?	Y	
6. Did you observe restraints in use?	N	
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	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Y*	8. Without being home
9. Did you notice unpleasant odors?	N	
10. Did you see items that could cause harm or be hazardous?	N	10c. Janitorial closet unlocked in assisted living wing
10a. Were unattended med carts locked?	Y	
10b. Were bathrooms clean, odor-free and free from hazards?	Y	
10c. Were rooms containing hazardous materials locked?	N	11. One wing noisy because floor tiles being replaced.
11. Did residents feel their living areas were kept at a reasonable noise level?	Y/N*	
12. Does the facility accommodate smokers?	N	14. No complaints from residents but call bells at nursing station kept ringing
12a. Where? (Outside / inside / both)	Neither	
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner?	Y*	
14a. If no, did you share this with the administrative staff?	Y	

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

