

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

County Orange	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Villines Census – current/licensed: 14/17
Visit Date and day of the week Monday December 21, 2015	Time spent in facility 1 hours 15 minutes	Arrival time 1:15pm
Name of person(s) with whom exit interview was held with owner and Administrator		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: 2		
Number of residents who received personal visits from committee members : 6		:
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? Yes	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	4. Visitors arrived frequently, however residents were mostly sitting in front room watching tv and not interacting much, even with each other. The home was decorated for the holidays. Poinsettias had been donated to residents by churches. 5a. Staff members and residents are very familiar with each other. 6. Bedrails were being used (with doctor's order) for safety precautions for a resident who was at risk for falling out of bed.
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?	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	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	8. Most residents have lived there for several years so it is their home. 9. Any odors present change from room to room. Home is tidy.
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?	n/a	
11. Did residents feel their living areas were kept at a reasonable noise level?	Yes	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	Yes	
13. Were residents able to reach their call bells with ease?	Yes	
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?	No	<p>15 & 17. The staff reportedly knows the residents very well and knows their preferences.</p> <p>17a. They are encouraged to eat with the staff and fellow residents in the dining room, however accommodations will be made for those who are unwell.</p> <p>19. Some activities are guided by outside groups, decorations had been donated by churches, and there were more holiday-specific activities noted on the event calendar.</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?	n/a	
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?	Yes	
17. Are residents asked their preferences about meal & snack choices?	Yes	
17a. Are they given a choice about where they prefer to dine?	Y&N	
17b. Did residents express positive opinions regarding their dining experience?	Yes	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	Yes	
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? Family Council?	No 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/> <p>Two residents expressed problems with the TVs or remote controls in their rooms. The response to this report seemed more dismissive or considered less valid when originating from persons with dementia or learning disorders. We want to observe this more on future visits to see if it's a reflection of how resident issues are generally addressed.</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 newer poster of the Resident Rights was posted but we noticed another aging one for which we will also request a replacement.</p> <p>They had recently received a Sanitation Rating of 100.</p> <p>The parlor, which previously had been used to store some items, was cleared of items that were obviously in the way and was being used by a resident to watch tv.</p>