

**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: Carillon  Census – current/licensed: 66/96
Visit Date and day of the week Tuesday December 17, 2015	Time spent in facility 1 hours 10 minutes	Arrival time 11:10am
Exit interview was held with Business Office Manager		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: 2		
Number of residents who received personal visits from committee members 8		
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	

<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	4. Observed physical therapists walking with some residents.  5a. Residents expressed knowing which staff member resided in which office. Office doors were open and available to residents.
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	
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		

<b>Resident Living Accommodations</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
8. Did residents describe their living environment as homelike?	Yes	10, 10b. There was a ladder extended with access to attic (for holiday decorations) in one of the front bathrooms. The bathroom door was open so the ladder was visible and therefore not much of a hazard. 10c. A janitor's closet was also open on one hall.  13 & 14. Residents in The Garden Place (Memory Care area) do not use bells or pendants so staff has to remain aware of residents' activities.
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?	No	
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? 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 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	<p>15. When asked about holiday celebrations for residents of different faiths, we were informed that there are many events that are nondenominational and they do try to actively reach out to residents of different faiths. Additionally, a man we talked to referred to the activities as being "all girl things." Ms. Woods reported that there has been a good male response to the activities.</p> <p>17a. Residents are encouraged to eat in dining room to increase socialization and physical activity.</p> <p>20. When we asked residents about the existence of Residents' Council, none replied that they knew about it. Ms. Woods stated that there is a large Residents' Council group that meets in the dining room and perhaps if we referred to it as "The Dining Room Meeting" then the residents might know what we meant.</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?	Yes	
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?	Yes	
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?	Yes	

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>The ladder in the bathroom and the open janitor closets may have been situational and related to the holiday decorating activity but will continue to observe in the future.</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>No concerns went unaddressed; all were noted by Business Office Manager and all questions were answered.</p> <p>It was noticeable in how the Bus, Office Manager discussed the residents, just how familiar she is with their personal stories.</p>