

Community Advisory Committee Quarterly/Annual Visitation Report		
County: Orange	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home	Facility Name: Carol Woods Census: bldg. 5: 30/35; bldg.6 & 7: 22/24
Visit Date and day of the week Thursday November 12, 2015	Time spent in facility 1 hour	Arrival time 11:10 am
Name of person(s) with whom exit interview was held: Assisted Living Coordinator		Interview was held in person
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members : 9		Report completed by: l
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) :	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	1. Residents looked fresh, comfortable, happy, and well. 2. Residents reported attentive and good care from the staff as needed—self-care is encouraged by staff and a source of pride for residents. 3. Friendly and caring interactions were noted, various programs such as increasing and enhancing mobility as possible are encouraged. 4. Interactions among all persons onsite were positive—including chatting with CAC visitors. In one room, I peeked inside and saw that a resident had fallen and several staff members (maybe 4 or 5) were in the room talking to the resident, keeping her calm and engaged while they waited for the ambulance (it looked like a slumber party with sitting on the floor talking with the resident). Obviously a trusting and confident group.
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)	NA	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	8: All three buildings were in excellent condition, attractive and comfortable with both private and common areas for residents and guests. All of the residents had been in independent living and those I asked said they were very happy with their move to AL because it was a smart move for them. There were positive comments about the care and caring received. The dining rooms were bright and inviting with some cooking and serving activities visible adding to a
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?	Yes	
11. Did residents feel their living areas were kept at a reasonable noise level?	Yes	
12. Does the facility accommodate smokers?	N/A	
12a. Where? (Outside / inside / both)	N/A	
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner?	Yes	

14a. If no, did you share this with the administrative staff?		home-feel (and tempting cooking scents). 10, 10a and 10c. All observed areas were appropriately secured. 11. The sounds in the buildings were a comfortable noise level and pleasant sounds—no motors or pounding, just homelike people comforts.
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*** N/A equals not applicable, not asked, not observed

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	15. a 15. b. An art activity was underway in building 5. At the activity, one member was there for the social interaction and she was lively and engaging (but not at all interested in the project) 17, 17a. & 17b. Residents interviewed were very positive about the food served. 19. I observed a group of 12 women going to Weathervane for lunch; another full van was transporting residents to various places in the area. Everyone was lively and upbeat.
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 See note	
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?	N/A	
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's Council? Family Council?	Yes Yes	

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review later or during the next visit?</p> <hr/> <p>As follow up from the last visit Assisted Living Coordinator, was asked about the issues regarding the oxygen supplier. She said that after a phone discussion, they have had no further problems and service appears to have returned to a high level.</p> <p>There were no specific issues requiring follow up at the next visit.</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>Once again, this was a positive visit to Carol Woods. Their concern for their residents and staff is obvious. There has been an increase in staffing in buildings 6 and 7 with some positive changes in procedure. Resident comments in those buildings indicated staff responsiveness to resident needs has improved. Resident comments in building 5 were also very positive.</p> <p>One change of note, buildings 6 and 7 programs now offer a “Skilled Option Added.” Should a resident of either AL building 6 or 7, they have the choice to pay for added skilled care in their AL unit rather than move to the Skilled Nursing Center. This may have contributed to the increase population in those two buildings. One resident told me she was in independent living and had fallen twice in the past 12 months. She decided she needed to move to assisted living and wanted to make the move “before it was full” due to the new skilled nursing option.</p>