

**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: Carol Woods Census – current/licensed: 23/30
Visit Date and day of the week Thursday, 6/2/16	Time spent in facility 1 hour 20 minutes	Arrival time 10 AM
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members 3 residents and 1 family member		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) : 12/18/15	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	5a. One custodial staff person did not have an obvious nametag, but it may have been hidden by a cart 6. Carol Woods does not use restraints. They develop adaptive measures if a resident needs protection
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?	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	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	12. An outside covered smoking area is available 13. A resident sitting in the common area had a call bell readily available. There are call bell connections positioned in the common areas to make this possible.
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?	No	
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? 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?	Yes	
14a If no, did you share this with the administrative staff?		

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*	15. In addition to seeking input from residents, activities can be and are developed around residents' interests and expertise so that they can share this with others 17. Multiple choices are available for meals and snacks 17a. Residents can dine in their room, in the dining area of their pod, or in the general dining area in another building 20. Since most residents are also living within the greater Carol Woods, the general councils are considered to take the place of the Family Council
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?	N/A	
16a. Can residents access their monthly needs funds at their convenience?	N/A	
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 No*	

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <hr/> No	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/> Building upgrades are continuing but not yet completed. The team met with the new Facility Administrator and the new Lead Nursing Engagement Coach (the position formerly called the Director of Nursing). Both were eager for input and feedback. The Lead Nursing Engagement Coach told the team that she wanted to be notified at the beginning of each visit so that she could be sure and meet with the team for the exit interview.