

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

County Orange	Facility Type Care Home Adult Care Home X Nursing Home	Family	Facility Name: Brookshire  Census – current/licensed: 71/80
Visit Date and day of the week 08/10/2016	Time spent in facility 55 minutes	Arrival time 11:00 a.m.	
Name of person(s) with whom exit interview was held Acting administrator Rebecca Yarboro, Payroll Director		Interview was held x in person	
Committee members present: Vibeke Talley, Jerry Ann Gregory, Jerry Schreiber			
Number of residents who received personal visits from committee members 17		Report completed by: Vibeke Talley	
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) : 3/17/2016 Life Safety Survey.		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	
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?	N/A	
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	N/A	

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<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	
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?	Yes	
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	No	
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?	N/A	

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

<b>Resident Services</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	N/A	
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	

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<b>Areas of Concern</b>	<b>Exit Summary</b>
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>No</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. <u>Does the facility have needs that the committee or community could help address?</u></p> <p>Administrator was on vacation during our visit and we met with the acting administrator for exit interview. Discussed our visits with residents and the overall favorable feedback we were given with only a few exceptions. Told the acting administrator about one resident who felt that direct care staff were not attentive enough to residents and were lacking caring and compassion.</p>