

**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: Brookshire Census – current/licensed: 78/80
Visit Date and day of the week 02/02/2016 Tuesday	Time spent in facility 1 hours 05 minutes	Arrival time 10:00 AM
Name of person(s) with whom exit interview was held Director of Nursing		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: Jerry Gregory Vibeke Talley		
Number of residents who received personal visits from committee members 8		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 No (Required for NHs only – record date of most recent survey posted) : 03/13/2015 (see exit interview).	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	
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?	N/A	
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		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	10c: The door to the "Hazardous Waste" room was found unlocked. 14: Question is answered both yes and no for the following reason: Residents responded that call bells are answered promptly on day shift during the week, however on week-ends and at night it may take a long time (30 min or more) to get responses to call bells.
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?	No*	
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?	Y/N*	
14a If no, did you share this with the administrative staff?	Yes	

*** 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?	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	

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>Response time to call bells at night and on week-ends.</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>Administrator was on a conference call and not able to attend exit interview so we met with DON. Discussed resident feed-back about slow response time to call bells on week-ends and at night. She responded that she was aware it had been a problem in the past but recently she added more CNA staff at night and now has 6 CNAs at night. She said this change was made in December 2015. Also informed DON that the door to the "Hazardous Waste" room was found unlocked and she was surprised to hear that. She explained that the door is checked every AM for compliance. Discussed survey and DON informed us that they had the recertification survey in January with exit date of 01/07/2016 but they have not received final copy to post. She reported that they were cited for a broken thermometer in the kitchen refrigerator and this has been taken care of..</p>

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