

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

County ORANGE	Facility Type Family Care Home Adult Care Home X Nursing Home	Facility Name: Brookshire Census: 81/100
Visit Date and day of the week 10/20	Time spent in facility 1hours 15 minutes	Arrival time 3 pm
Name of person(s) with whom exit interview was held Administrator		Interview was held in person Yes
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members -6		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 (Required for NHs only – record date of most recent survey posted) : 3/12/15	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	Respect feedback- Most of the time the residents feel respected by staff. Sometimes the part time staff is overworked.
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	
Did you see or hear residents being encouraged to participate in their care by staff members?	No	
4. Were residents interacting with staff, other residents & visitors?	Yes	
Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	
Did staff members wear nametags that are easily read by residents and visitors?	Yes	
6. Did you observe restraints in use?	No	
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?	N/A	9. Some areas you could smell possible soiled sheets or a person waiting to be changed.
9. Did you notice unpleasant odors?	yes	
10. Did you see items that could cause harm or be hazardous?	No	
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	
Did residents feel their living areas were kept at a reasonable noise level?	most	
12. Does the facility accommodate smokers?	Yes	
12a. Where? (Outside / inside / both)	Outside	
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?		

Facility / date: Brookshire 10/20/15

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
Were residents asked their preferences or opinions about the activities planned for them at the facility?	no	Resident unaware of activity request form Food feedback- Sometimes OK, could be better, every other meal is good. Most of the time food is good.
15a. Was a current activity calendar posted in the facility?	Yes	
Were activities scheduled to occur at the time of your visit actually occurring?	no	
Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	n/a	
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	
Were 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	
Did residents express positive opinions regarding their dining experience (the food provided)?	Yes	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	Yes	
Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
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> <p>No concerns noted</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 Supervisor-In-Charge. Does the facility have needs that the committee or community could help address?</p> <p>Provided summary of visit.</p>