

**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: 24 out of 30
Visit Date and day of the week Wednesday, March 2, 2016	Time spent in facility 1 hour 15 minutes	Arrival time 10:15am
Name of person(s) with whom exit interview was held DON		Interview was held <input checked="" type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members: 2 (some residents were sleeping, with the majority at activities off the floor)		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	6. Carol Woods has a no restraint policy. They develop work-arounds including the use of companions to avoid the need for restraints.
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?	No	
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)	Yes	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	N/A	10b. 2 weeks into 3 month renovations to enlarge all bathing areas so that residents can change clothes in the area rather than before entering, changing out thermostats and replacing overhead lighting with LED lights
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?	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?	N/A	
14a. If no, did you share this with the administrative staff?	N/A	

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

