

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

County: Orange	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Carillon Assisted Living Census: 84 / 96
Visit Date and day of the week Mar. 1, 2013	Time spent in facility 50 minutes	Arrival time 10:30 pm
Name of person(s) with whom exit interview was held Residence Care Coordinator		Interview was held: Yes
Committee members present: Three 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) N/A	Staffing information clearly posted? Not observed	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	Residents all appeared happy, freely moved around halls, some engaged us in conversation with them pointing out things they were proud of and freely commenting on how pleased they were with the facility All employees greeted us with smiles and were extremely helpful when asked for directions, etc.
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)	N/A	
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)	N/A	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	N/A	10. Passed 2 unattended janitorial carts in the hallway with a chemical can on each cart. 10b. One janitorial closet was left open and unattended. 12. There is a screened porch on back for smokers.
9. Did you notice unpleasant odors?	No	
10. Did you see items that could cause harm or be hazardous?	Yes	
10a. Were unattended med carts locked?	N/A	
10b. Were bathrooms clean, odor-free and free from hazards?	No	
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?	N/A	
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

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. March calendar was posted outside trips to Wal-Mart, Dollar Tree and the Senior Center were regular weekly events. 17b. Residents were clearly pleased and impressed with the new cook. The menu terminology is descriptive and mouthwatering (e.g., succulent pork chops).
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? (#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	
17. Are 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?	N/A	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Yes	
17c. Is fresh ice water available and provided to residents?	N/A	
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	

Areas of Concern	Exit Summary
<p data-bbox="90 1010 760 1073">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <hr/> <p data-bbox="90 1108 786 1171">Next visit check for unattended janitorial carts holding chemicals.</p>	<p data-bbox="821 1010 1507 1171">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 data-bbox="821 1213 1528 1339">Exit visit with Resident Care Coordinator went well; she was friendly and receptive. Once seated, she immediately asked if we had found issues that needed to be addressed by the administration.</p> <p data-bbox="821 1381 1528 1612">We summarized our visit and observations and informed her we only found two issues (the two unattended janitorial carts with chemicals and an open janitorial closet). She appeared surprised and disappointed and readily admitted this was wrong and that she would inform the head of the janitorial staff as soon as possible so that this would not happen again.</p>