

**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: Carol Woods Bldg 6 &7 Census: 20 of 24 available beds
Visit Date and day of the week 3-6-12	Time spent in facility 1 hour	Arrival 12:30 PM
Name of person(s) with whom exit interview was held via phone message. Administrator		Interview was held in a phone message.
Committee members present: Two committee members		
Number of residents who received personal visits from committee members (14)		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) :	Staffing information clearly posted? Yes- Names and Photos of on-duty staff were posted on the bulletin board.	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	4. Residents are very comfortable and happy with their surroundings. All wore name tags but one.
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?	N/A	
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?	Yes	8. Residents were very positive about their residence at Carol Woods. Personal home-like touches were seen throughout the facility.
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	11. The residence was calm and quiet though it was meal time. Staff noted this group of residents pretty much tells them what they want and when. Staff seems happy to accommodate.
10c. Were rooms containing hazardous materials locked?	N/A	
11. Did residents feel their living areas were kept at a reasonable noise level?	Yes	
12. Does the facility accommodate smokers?	Yes	13. Each resident has a phone, call button and personal portable emergency button.
12a. Where? (Outside / inside / both) OUTSIDE ONLY		
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 equals not applicable, not asked, not observed

Facility / date: Carol Woods Bldg 6& 7 CH
3/6/12

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	<p>15a. Both buildings had a very diversified activities schedule posted in the common room.</p> <p>16a. A pantry is available for residents to store personal food items to supplement normal menus or snacks if desired.</p> <p>17. Fresh fruit and beverages are available at all times in the common areas.</p> <p>17a. Menus with choices are located in the common area to be filled out if the resident prefers to eat in his or her own room. Residents were enjoying each other's conversation and company. They were talkative and continue to report they are quite "happy" at Carol Woods. .</p>
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?	Yes	
17b. 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	
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>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <hr/> <p>There were no apparent areas of concern except one bedroom was left with an unmade bed.</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>Carol Woods continues to strive to provide quality assistance and facilities. The residents reported they were very happy with their environment. The administrator was in a training and unavailable for a person to person exit summary. I left a phone message with an overview of our visit and left my contact number if he had any questions.</p>	