

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

County: Orange	Facility Type X Adult Care Home	Facility Name: Carol Woods Census: Building 5: 35/42; Building 6: 2/12; and Building 7: 10/12
Visit Date and day of the week Wednesday, August 13/2014	50 min	4:00 pm
Name of person(s) with whom exit interview was held Administrator		Interview held in person
Committee members present: Four Committee Members		
Number of residents with whom committee members talked: 5		Report prepared by:
Residents' Rights Information Cleared Displayed; :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? 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. Several personnel were observed interacting with residents. 5a.. All staff wore new personal and excellent name tags.
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?	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)	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	
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?	N/A	
10b. Were bathrooms clean, odor-free and free from hazards?	Yes	
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?	N/A	
12a. Where? (Outside / inside / both)	N/A	
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?		

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

