

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

County: <b>Orange</b>	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Crescent Green Assisted Living Community  Census: <b>94/120</b>
Visit Date and day of the week <b>Monday, March 10, 2014</b>	Time spent in facility <b>1 hours 15 minutes</b>	Arrival time <b>3:45 pm</b>
Name of person(s) with whom exit interview was held Resident Care Coordinator		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members (20+)		Report completed by:
Resident Rights information is clearly posted? <b>Yes</b>	Ombudsman contact information is correct and clearly posted: <b>Yes</b>	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : <b>N/A</b>	Staffing information clearly posted? <b>No</b>	

<b>Resident Profile</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
1. Do the residents appear neat, clean and odor free?	<b>Yes</b>	<b>4. Committee members observed resident-to-resident interaction. Several instances are noteworthy. First, the committee was present during a heated verbal exchange followed by a physical assault between 2 residents.. Second, a group of female residents, speaking audibly, became non-responsive when the committee attempted to engage with them. One of the group appeared to be redirecting another person's attempts to discuss something specific with us.</b>  <b>5. One resident asked the committee to have the administrator speak to him about several issues. The committee conveyed this to the resident care coordinator.</b>
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)	<b>Yes</b>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<b>No</b>	
4. Were residents interacting with staff, other residents & visitors?	<b>Yes</b>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<b>N/A</b>	
5a. Did staff members wear nametags that are easily read by residents and visitors?	<b>No</b>	
6. Did you observe restraints in use?	<b>No</b>	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)	<b>N/A</b>	

<b>Resident Living Accommodations</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
8. Did residents describe their living environment as homelike?	<b>Yes</b>	
9. Did you notice unpleasant odors?	<b>No</b>	
10. Did you see items that could cause harm or be hazardous?	<b>No</b>	
10a. Were unattended med carts locked?	<b>N/A</b>	

10b. Were bathrooms clean, odor-free and free from hazards?	<b>Yes</b>	<b>10c. A door marked "Biohazard" was unlocked.</b>
10c. Were rooms containing hazardous materials locked?	<b>No</b>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<b>Yes</b>	
12. Does the facility accommodate smokers?	<b>Yes</b>	
12a. Where? (Outside / inside / both)	<b>Outside</b>	
13. Were residents able to reach their call bells with ease?	<b>N/A</b>	
14. Did staff answer call bells in a timely & courteous manner?	<b>N/A</b>	
14a. If no, did you share this with the administrative staff?	<b>N/A</b>	

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

<b>Resident Services</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<b>N/A</b>	<b>15a. The committee did not observe an activity calendar.</b>
15a. Was a current activity calendar posted in the facility?	<b>No</b>	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	<b>No</b>	<b>15b. No formal activities were occurring at the time of our visit, which is typical since the Activity Director only works mornings. Common rooms were mostly empty, with TVs on but only one person watching. Some residents were outside in front, at a side courtyard, or in the rear smoking area. Approximately five residents were in the dining room, simply waiting for dinner. Many other residents were asleep behind partially-closed doors.</b>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<b>Yes</b>	
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)	<b>Yes</b>	
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.)	<b>Yes</b>	
17a. Are they given a choice about where they prefer to dine?	<b>Yes</b>	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	<b>Yes</b>	
17c. Is fresh ice water available and provided to residents?	<b>Yes</b>	
18. Do residents have privacy in making and receiving phone calls?	<b>No</b>	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<b>N/A</b>	
20. Does the facility have a functioning: Resident's Council? Family Council?	<b>Yes N/A</b>	
		<b>17b. Residents interviewed offered mixed opinions about the food, though many positive comments were noted.</b>
		<b>18. Residents do not have landlines in their rooms, thus they must use a common phone in the hall. Some residents have mobile phones and are therefore able to use them in privacy.</b>

<b>Areas of Concern</b>	<b>Exit Summary</b>
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</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><b><u>Past areas of concern:</u></b></p> <ol style="list-style-type: none"> <li>1. Call bells</li> <li>2. Lack of chairs in dining room</li> <li>3. Dirty uni-sex bathroom</li> <li>4. Nametag use (creation of "Staff Board" with employee pictures)</li> </ol> <p><b><u>Present areas of concern:</u></b></p> <ol style="list-style-type: none"> <li>1. Resident-on-resident altercation</li> <li>2. Lack of planned activities</li> <li>3. Staffing seemed sparse compared to prior visits</li> </ol>	<p><b>The committee met with the resident care coordinator immediately after witnessing the resident-on-resident assault. The resident care coordinator took swift action in identifying and intervening with the instigator. Our exit interview was truncated as the resident care coordinator was working to problem solve the above described situation, among other apparent administrative tasks. In addition to this resident to resident altercation the committee particularly noted the behavior of a group of women and their unwillingness to engage with us, despite acknowledging they recognized us and understood our role. In fact, at least one of these women appeared to want to speak with us about some issue; however, she was repeatedly silenced by another resident. Furthermore, the lack of formal afternoon activities was particularly pronounced on this day, as many residents were asleep in their rooms during the visit. The lack of formal activities / stimulation in the facility was palpable. Lastly, there appeared to be a noticeably smaller staffing cohort on duty at the time of our visit.</b></p>