

**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: The Stratford Census: 76/77
Visit Date and day of the week Thursday, March 1st, 2012	Time spent in facility 1 hours 40 minutes	Arrival time 2:00pm
Name of person(s) with whom exit interview was held Business Manager		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 15-20		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? No	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	4. Committee observed residents interacting with each other in small groups. No formal activity was observed in the main section of the facility. Many residents interacted with committee members during the visit. 5a. Some staff members were not wearing nametags.
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?	No	
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	8. The facility was clean and nicely appointed. Some resident rooms were bare, others were nicely decorated. Speaking to one resident, he explained that more pictures from home would never make it seem homelike. Another resident has turned his room into an art studio and seems perfectly at home. 9. Odor were noted outside the Memory Care Unit near a laundry room. 12. No residents were observed smoking.
9. Did you notice unpleasant odors?	Yes	
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?	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	

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	15b. No activities were underway at time of visit in the main part of facility, though some residents were socializing. The posted activity for the Memory Care unit was not taking place; however, some Memory Care Unit residents were getting their nails painted. Most Memory Care residents, though, were sitting around, inside or out. A few were walking or wandering. 17b. Residents expressed mixed feelings about the food. Resident complaints focused on the low quality of the food provided and low nutritional value of available snacks. Residents praised the cooks for their efforts to prepare the food. Management indicated they are soon implementing a 5-week rotating menu (i.e., 5 weeks of diff. foods) instead of three weeks before repeating. 19. There was no clear indication of much volunteer involvement.
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?	No	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Yes	
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)	Yes	
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)?	No	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	No	
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 No	20. Stratford's Family Council is not currently meeting. Resident comments suggest that the impact of Resident Council meetings was minimal (though Management indicated that new menu rotation stemmed from Resident Council input).

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	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?
1. Condition of injured Alzheimer's resident. 2. Security of Memory Care unit/privacy. 3. Appropriateness and stimulation of activities.	<hr/> <p>The committee members discussed our various findings and observations with the Business Office Manager (the Administrator was at the facility, but unavailable to meet with us). The committee members conveyed that while the appearance of the facility was positive, and most residents expressed general satisfaction with their living conditions, some aspects of the visit were troubling. Of note was the condition of a Memory Care patient whose eye was visibly bruised. The injured patient seemed to be in some discomfort. When asked, staff indicated that the patient had accidentally been struck by a door opened by a staff</p>

member that day.

The committee also noted that there may be a need for in-service training regarding the security of the locked Memory Care unit. Prior to our entry, we asked a staff member for assistance into the unit. She simply gave us the code, out loud, in front of residents.

Lastly, and as discussed above, formal activities were not occurring in the main section of the facility and the posted Memory Care activity was not taking place. Some residents raised questions about the suitability of the activity programs to meet diverse interests. . Management Staff indicated, however, that Activity Director (AD) frequently asks residents for suggestions. Also, AD monitors publications and educational materials for activity options.