

**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: 75/77
Visit Date and day of the week Wednesday, September 12th, 2012	Time spent in facility 1 hours 15 minutes	Arrival time 2:00pm
Name of person(s) with whom exit interview was held Executive Director		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 <b>15-20</b>		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	

<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?	Yes	2. One wheelchair bound resident complained that they were routinely unable to find assistance to use the restroom. This problem generally occurred at night.  4. Committee members observed numerous residents sitting in the main lobby area of the facility. While residents were engaged in socialization with one another, no interaction was observed with staff or visitors other than committee members.  5a. Most 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)	No	
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	

<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?	Yes	8. The facility was clean as usual.  9. As was the case last few quarters, a distinct unpleasant odor was noted on the hallway adjacent to the laundry room. There was a very strong smell of urine that persisted throughout our visit.  12a. 2-3 residents were outside under the awning smoking when we arrived.  14. See #2 in section above.
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?	No	
14a. If no, did you share this with the administrative staff?	Yes	

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. Bingo was in progress in the main unit, no activity was scheduled or occurring in the memory unit.  17a. There was concern among residents that some among them are allowed to eat outside the dining room. Residents report that eating outside the DR is only granted to residents who are living with their spouse.  17b. Residents expressed dissatisfaction with the quality of the food provided at the Stratford.
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?	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 N/A	

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?
<p>1. Staffing of main unit during night time hours. 2. Unpleasant smells on the 200 hallway. 3. Security of resident belongings.</p> <p>Past Areas of Concern: Some issues of concern during our last visit seem to have been resolved. Specifically, there were at least four staff members on duty in the memory unit during our visit (a significant improvement over the 2 staff during our last visit). The memory unit also had its own calendar posted which had activities that were specific to those residents.</p>	<hr/> <p>Initially, we were able to meet with the actual administrator, which made things much easier and we felt as though our thoughts were being heard and recorded. That said, there were three issues of concern brought to the staff's attention. The most paramount issue would be the reported lack of staff, and thus assistance, during the night time hours. Residents attest that during the night there is no one at the main nurse's station and that staff are "too busy" to assist or are outside smoking and unable to hear calls for assistance.</p> <p>CAC also informed the administrator about a complaint regarding alleged stolen resident money. The administrator advised us that lockable cabinets had been installed in each room, for each resident. The Stratford should be properly credited for taking this step.</p>