

**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: 73/77; 28/33 in memory care
Visit Date and day of the week Monday, March 10, 2014	Time spent in facility 1 hour 30 minutes	Arrival time 1:30 PM
Name of person(s) with whom exit interview was held Entry Interview with Administrator. Followed with telephone exit interviewed .		Interview was held in person: Yes – entry interview and telephone exit interview
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members approximately 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 N/A (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. Residents interacting in foyer and playing bingo in dining room with staff leadership. 5. Memory care residents sitting in common area but without staff or intra-resident interactions. 5a. One name tag noted from a temporary staffing agency.
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, as needed	
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/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?	No	8. Last phase of current bedbug treatment was underway. Cockroaches were noted to be improved. Residents were still unable to have snack foods in their rooms. 9. Unpleasant odors noted in laundry room area where significant daily laundry was done for two weeks after bedbug treatment.
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?	Yes	
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?	N/A	
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	

Facility / date: The Stratford / March 10, 2014

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	15. Administrator noted that the bedbug protocol and recent ice/snow events had left them short-staffed and that just today they had resumed the activity schedule. 15b. Bingo in progress as scheduled. About 14 residents and two staff participating. Refreshments served. 16. Recent shopping trips cancelled due to weather. 17b. Residents had mixed opinions on quality of meals and snacks; but most stated the meals had improved.
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)	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/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	

Areas of Concern	Exit Summary
<p data-bbox="77 1190 808 1257">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <hr/> <p data-bbox="77 1325 808 1350">Present Areas of Concern:</p> <ol data-bbox="77 1356 808 1556" style="list-style-type: none"> 1. Bed bug infestation 2. Staff workload and turnover 3. Lack of nametags 4. Delayed improvements in the memory care area: color enhancement in painting and floor covering <p data-bbox="77 1591 808 1617">Past Areas of Concern:</p> <p data-bbox="77 1623 808 1690">Significant improvement noted in cockroach abatement. Nametag use remains limited.</p>	<p data-bbox="813 1190 1515 1346">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 data-bbox="813 1388 1515 1656">Administrator was not present in her office at the time of our exit. On entry the administrator noted that "she had experienced resignations due to the heavy work of the bed bug protocol and the overtime needed due to ice and snow. Programming had been limited under these circumstances. The administrator stated that the cockroach issue was under control, though residents still had constraints about food in their rooms.</p>