

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

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| 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 25, 2013 | Time spent in facility 1hour 30 minutes | Arrival time 2:00pm |
| Name of person(s) with whom exit interview was held Resident Care Coordinator | | Interview was held in person: Yes |
| Committee members present: Three Committee Members | | |
| Number of residents who received personal visits from committee members 15 | | 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 NA (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) |
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| 1. Do the residents appear neat, clean and odor free? | Yes | 4. As is typical, many residents were in the foyer area of the facility interacting with one and other, as well as with the committee members. 5. Committee observed several staff members interacting with a group of residents in the outdoor courtyard area. 5a. Staff nametags were not in wide use. |
| 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? | 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) |
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| 8. Did residents describe their living environment as homelike? | Yes | 8. Some residents complained about the presence of cockroaches. 9. The committee observed a continuing unpleasant odor near the laundry facility. |
| 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? | No | |
| 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? | Yes | |

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| 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/No | <p>15. Several residents commented that the activity offerings were frequently not to their liking. For instance, “nail care” was the activity scheduled during the committee’s visit.</p> <p>17b. After an up-tick in positive reports about dining, residents expressed mixed opinions about the food.</p> <p>20. The Resident's Council, which has been strong and effective at this facility, is undergoing a leadership transition. The committee will monitor the effects of this transition.</p> |
| 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)? | 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? | No | |
| 20. Does the facility have a functioning: Resident’s Council? Family Council? | Yes No | |

| Areas of Concern | Exit Summary |
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| <p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Present Areas of Concern:</p> <ol style="list-style-type: none"> 1. Condition of Alzheimer's Neighborhood and activity offerings. 2. Cockroach sightings 3. Nametag use <p>Past Areas of Concern:</p> <ol style="list-style-type: none"> 1. Condition of Alzheimer's Neighborhood <p>In the prior quarterly report the committee identified the above items as the primary area of concern. During the current visit, the committee observed that these problems appear to persist.</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>The committee met with the Resident Care Coordinator to discuss our visit, which was generally positive. A continuing area of concern is the condition of the Alzheimer's Neighborhood, which had apparently not undergone (hoped for) renovations. Additionally, we mentioned that some Alzheimer's residents appeared more engaged and interested in activities, but that such activities were not provided. The RCC indicated that she would see what may be done to offer more stimulating, meaningful activities. We reminded the RCC about the Music for Memory program and, again, encouraged their attendance at the October showing of the documentary.</p> <p>The committee brought up the issue of cockroach sightings. We were told efforts were being made to exterminate these pests.</p> <p>The committee also discussed the widespread lack of nametag use and learned that staff tends to misplace them, but that additional ones have been ordered.</p> |