

**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	Facility Name: Villines  Census: 14/16
Visit Date and day of the week Monday, March 17, 2014	Time spent in facility <b>One hour</b>	Arrival time <b>10:45 am</b>
Name of person(s) with whom exit interview was held <b>Louise Murphy, Administrator</b>		Interview was held <b>In person</b>
Committee members present: <b>Two Committee Members</b>		
Number of residents who received personal visits from committee members: <b>12</b>		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>Did Not See</b>	Staffing information clearly posted? <b>Yes</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>Facility warm and cozy.</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>Yes</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>Yes</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>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>	<b>10a Keys in door of medication closet.</b>          <b>14. Hand bells at bedside</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>No</b>	
10b. Were bathrooms clean, odor-free and free from hazards?	<b>Yes</b>	
10c. Were rooms containing hazardous materials locked?	<b>N/A</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?		

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

Facility / date: Villines – March 17, 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	<p><b>17A Observed all residents in dining room.</b></p> <p><b>18. Observed use of cell phone.</b></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?	N/A	
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?	No	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Yes	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	N/A	
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?	N/A N/A	

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p><b>TV on all day. Appear to be limited activities.</b></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 Supervisor-In-Charge. Does the facility have needs that the committee or community could help address?</p> <p><b>Owner continues to make repairs to facility in order to stay in compliance.</b></p>