

**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: Villines Census: 12/16 |
| Visit Date and day of the week Tuesday, August 6, 2013 | Time spent in facility 20 minutes | Arrival time 11:00 a.m. |
| Name of person(s) with whom exit interview was held | | Interview was held: Yes, but limited |
| Committee members present: | | |
| Number of residents who received personal visits from committee members 5 | | 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) : N/A | Staffing information clearly posted? N/A | |

| Resident Profile | Yes No N/A | Comments/Other Observations (please number comments) |
|--|---------------------------|---|
| 1. Do the residents appear neat, clean and odor free? | Yes | 1. Residents were neat and clean. 4. Residents were listless and inactive, were either watching television or merely sitting. One of the residents left the facility with her daughter for a trip outside and to have lunch. |
| 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) | N/A | |
| 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? | N/A | |
| 5a. Did staff members wear nametags that are easily read by residents and visitors? | No | |
| 6. Did you observe restraints in use? | N/A | |
| 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. One resident stated that the facility was "okay". |
| 9. Did you notice unpleasant odors? | No | |
| 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 | |

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

| 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? | N/A | <p>15b. An activity calendar was posted but residents were not engaged in activity scheduled for that time period.</p> <p>17b. One resident stated that the food was “okay”.</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? | No | |
| 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.) | No | |
| 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? | Yes | |
| 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? | 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> <hr/> <p>1. Upon arrival one resident was in a wheelchair outside the bathroom and was rapidly shaking her leg, when we asked if we could help she stated she had to go to the bathroom (someone was in the bathroom, there was another vacant bathroom).</p> <p>2. One resident was half-in and half-out of her bed and crying for help. Her roommate stated “she needs help”. The committee sought help.</p> <p>3. One resident mumbled as she passed “someone needs to help us” and would not expound on the statement. She continued to move down the hall and would not engage in conversation with the committee.</p> <p>4. Staff appears to view CAC visits as intrusive and not as one that is positive and helpful</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>1. The owner and one female employee were in the facility. The resident needing restroom assistance was eventually taken into the bathroom after the previous occupant exited. The owner informed the committee that staff is working with the resident to independently perform this task.</p> <p>2. Staff indicated that this resident is being encouraged to get into the bed by herself. An employee was sent back to check on resident and told to close the door of her room.</p> <p>4. Administrator, when available for exit visit, is hands on with residents and is often engaged in resident related activity and conducts exit conversation in close proximity and within hearing of residents. The committee was unable to fully discuss concerns in exit summary because the owner was engaged in preparations for feeding the residents and only she and another worker were on site at that time.</p> |