

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

County: Orange	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: Brookshire Current Census: 5
Visit Date and day of the week Tues. Dec. 16, 2014	Time spent in facility 1 ½ hr.	Arrival time 4:00 p.m.
Name of person(s) with whom exit interview was held No staff member available at that time – Committee member called Administrator but he was not available – reported give to DON		Interview was held in person? <input type="checkbox"/>
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members 4		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 Yes (Required for NHs only – record date of most recent survey posted) : Apr 14, 2014	Staffing information clearly posted? Yes	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	
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?	Yes	
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?	Yes	9. One room smelled of urine but bed was clean 14. One incident resident waited for four hours in a wet bed, critical issue due to resident's particular skin condition. Resident said staff would turn off call bell light and never come back. Another resident stated some of the staff were "lazy."
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?	Yes	
12. Does the facility accommodate smokers?	No	
12a. Where? (Outside / inside / both)	n/a	
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner?	No	
14a. If no, did you share this with the administrative staff?	Yes	

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

