

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

County: Orange	Facility Type X Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Cedar Grove FCHs
Visit Date and day of the week 8/14/12 Tuesday	Time spent in facility 45 minutes	Arrival time 11:00 am
Name of person(s) with whom exit interview was held Supervisor in Charge	Interview was held X <input type="checkbox"/>	
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members 2	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	

<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?	Yes	4. Did not observe much interaction. Both residents were extremely reluctant to talk.....were quiet and subdued  5. Caregiver hovered over residents during interview and answered for them when they became reluctant to respond and in one instance when resident appeared to begin to complain she interrupted him and answered for him
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?	N/A	
4. Were residents interacting with staff, other residents & visitors?	No	
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?		
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	

<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?	N/A	10. One of the bathrooms had flooring that was loose around floor vent.
9. Did you notice unpleasant odors?	No	
10. Did you see items that could cause harm or be hazardous?	Yes	
10a. Were unattended med carts locked?	N/A	
10b. Were bathrooms clean, odor-free and free from hazards?	No	
10c. Were rooms containing hazardous materials locked?	N/A	
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	

\*\*\* 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	17. Residents appear to have no input in regards to meals...according to caregiver meal selection chosen by cook with big meal on Sunday  17a. Residents eat in their own assigned house  18. Did not observe phone in resident area  19. Several of the residents spend all day at community programs.  20. On next visit status of residence/family council needs to be determined
15a. Was a current activity calendar posted in the facility?	No	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	N/A	
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)?		
17c. Is fresh ice water available and provided to residents?	N/A	
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	

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> <hr/> <p>A visit needs to be planned when all the residents are in the facility so that feedback can be obtained from more of the residents.</p> <p>Caregiver did not knock on door before entering one of the resident's room.</p> <p>Need to follow up and determine whether residents have access to phone for private use</p> <p>Need to determine if activities are planned for 2 residents who remain in the facility during the day....do they look at TV all day?</p> <p>Next visit needs to clearly determine whether a resident council exists in the facility</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>Suggested outreach to local agencies in regards to services that can be delivered into the home settings, ie, arts &amp; craft, sitting exercises, there is a story telling, informational classes.</p>