

**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: Live Well Care Home  Census: 5/6
Visit Date and day of the week Sept 27 2011	Time spent in facility 1 hours 15 minutes	Arrival time 11 am
Name of person(s) with whom exit interview was held Executive Director		Interview was held in person
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members 3		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) :	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	2. Residents are assisted with all personal care as needed based on resident ability.  3. Staff interacted with each resident routinely. 4. Residents appeared to be comfortable with other residents  5. Staff patiently communicated with resident with hearing problems.  5a. Due to one on one constant care staff reported name tags are not needed
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?	N/A	
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?	Yes	8. Rooms are personalized to help make surroundings home-like.  9. Care supervision is quite efficient. No hazards were noted.  14. Button-bells are considered inappropriate due to constant supervision. A minimum of three staff are at the residence at all times.
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?	Yes	
10b. Were bathrooms clean, odor-free and free from hazards?	Yes	
10c. Were rooms containing hazardous materials locked?	N/A	
11. Did residents feel their living areas were kept at a reasonable noise level?	Yes	
12. Does the facility accommodate smokers?	N/A	
12a. Where? (Outside / inside / both)		
13. Were residents able to reach their call bells with ease?	No	
14. Did staff answer call bells in a timely & courteous manner?		
14a. If no, did you share this with the administrative staff?		

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

