

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

County: Orange	Facility Type X Family Care Home Adult Care Home Nursing Home	Facility Name: Livewell Adult Care Home
Visit Date and day of the week Friday, August 17, 2012	Time spent in facility 1 hr. 20 min.	Arrival time 11 a.m.
Name of person(s) with whom exit interview was held Administrator		Interview was held <input checked="" type="checkbox"/>
Committee members present: Three Committee Members completed visit		
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 N/A (Required for NHs only – record date of most recent survey posted) :	Staffing information clearly posted? Yes	

<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. 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?	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	

<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	9. Did smell a slight odor when entering home but that seemed to go away a few minutes later. 10. Concerned about walkway steps when leaving home in the event resident could trip or fall if they ever tried to go down them alone, however, Administrator said that the residents do not use the front walkway. Rather, there is a ramp from the porch that they use.
9. Did you notice unpleasant odors?	Yes	
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?	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?	No	
12a. Where? (Outside / inside / both)		
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?	Yes	17b. Residents did say that the food was good and that if there was not something on the menu that they had a desire for, the staff would try to get that for them.
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.)	Yes	
17a. Are they given a choice about where they prefer to dine?	N/A	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Yes	
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?	No	
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/> <ol style="list-style-type: none"> <li>1. Bedrooms could more personalized.</li> <li>2. Limited community involvement in them.</li> <li>3. Potential dangers posed by front walkway (also see note above).</li> </ol> <hr/>	<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>The administrator was very gracious and knowledgeable. We suggested that "shadow boxes," which would include family pictures, etc., could be made that are personalized to each resident.</p> <p>Regarding activities, we suggested that more books and magazines could be provided, and we suggested that there should be some specifically to help with reminiscing. The administrator commented that it was hard to bring in any groups for community involvement because they were already going to the larger assisted living communities. We suggested that they possibly could communicate with scout troops that might be interested in going there to converse with the residents.</p> <p>Administrator said that the residents do not use the front walkway, and that there is a ramp from the porch that they use when going to the parking lot.</p> <hr/>

