

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

County: Orange	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home X <input checked="" type="checkbox"/> Nursing Home	Facility Name: Brookshire  Census 74 of 80
Visit Date and day of the week Tuesday August 13, 2013	Time spent in facility 1 Hour 30 Minutes	Arrival time 3:30 pm
Name of person(s) with whom exit interview was held Director of Social Work		Interview was held in person <input type="checkbox"/>
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members 11		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) : 11/29/2012	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)	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	

<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 – although not home 10b - communal bathroom was spotless 10c – a room containing oxygen tanks was not locked. 14 – some slowness depending on schedule, e.g., during bathing time. 2 residents reported that several nurse's aides questioned their need to use the bathroom. "You went twice already." One resident said rules and regulations slow down response times e.g., sit & stand lifts takes 2 people to operate. This is too long when you need to go to the bathroom. A committee member observed this – nurses brings apparatus in and finds a nurse who goes to get a recharged batter to operate the device. The resident is assisted with using the device.
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?	No	
10b. Were bathrooms clean, odor-free and free from hazards?	Yes*	
10c. Were rooms containing hazardous materials locked?	No	
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?	Yes	
14. Did staff answer call bells in a timely & courteous manner?	Yes &	

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	15a – Calendars posted and a calendar on each resident’s door.  17 – Every resident knew there are options at every meal and all agreed that options – even at the last minute – were provided without complaint.  17b – A few residents said the food is too bland or presented in an unappetizing manner. Many were unaware that spices are available upon request. One resident complained of not enough fresh food, too many carbohydrates and little fresh fruit. One resident expressed a preference for steamed vegetables. One resident felt the sandwiches were too plain
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?	Yes	
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?	Yes	
20. Does the facility have a functioning: Resident’s Council? Family Council?	Yes No	

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> <p>Unlocked oxygen room. Nurse’s aides who questioned need to use toilet</p> <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> <p>Discussed the unlocked room containing oxygen. The director of social work was going to check that room after our meeting and said she would discuss it with the head administrator and staff. We also discussed nurses aides’ response to toilet requests, comments that the call bell responses time is still not optimal at certain times of the day, and comments about the food. Our observations were noted, and we were assured the information would be relayed to the head administrator. In addition, the Brookshire representative stated that the use of sit &amp; stand lifts and the requirement for 2 staff to use it were mandated by health and safety concerns.</p> <p>Brookshire residents in general appeared happier with their living situation. The rooms were very clean and the resident’s personal appearances were neat and clean.</p> <hr/>