

**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 Census – 74 of 80
Visit Date and day of the week Wednesday 18 January 2012	Time spent in facility 1 hour 15 minutes	Arrival time 1:30
Name of person(s) with whom exit interview was held Director of Nursing		Interview was held in person
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) : 8 September 2011	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?	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?	N/A	
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. Some odor from one room. The Director of Nursing said it was related to the changing of a colostomy bag. 11. One exception was noted from residents in a room near the nursing station. The room is located on a wing that has a greater than normal amount of traffic flow. The hallway noise was noted by the volunteer to be greater than any other place in the building.
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?	N/A	
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?	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?	No	
14a. If no, did you share this with the administrative staff?	Yes	

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

Facility / date:

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	<p>14. Some of the residents felt the response to the call bell was reasonable; others felt that it takes too long, especially when their need is help to get to and from the bathroom. Most indicated the response time is delayed frequently after meals and on the weekends.</p> <p>17b. Some residents felt the food was just OK but took advantage of ability to choose a sandwich instead of the main entrée if they didn't like it; some residents felt the food was good but the quality was inconsistent; one resident felt it was bland. Some residents complained that the coffee shop has not always been open during the stated hours.</p>
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?	Yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Yes	
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)?	No	
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> <hr/> <p>Call bell response time when residents need assistance with getting to and from the bathroom, commonly after meals, and during the weekends.</p> <p>Quality of the food, and adherence to posted hours of the coffee shop.</p> <p>Inquire about the responsiveness of night shift staff.</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>Not as many residents felt the response to the call bell was unacceptable as had in the past visits.</p> <p>Some residents expressed that they would like to see an improvement in response for help when it's for assistance to get to and from the bathroom. The administrator was aware; it happens most often after meals when many requests are made at the same time. Administration will continue to consider ways to lessen the response time.</p> <p>Some residents would like to have better quality food more consistently, and some would like the coffee shop to be open during the posted hours. The administrator reported that the person who mans the coffee shop has had to take some time off due to family illnesses; she will explore options that might work to ensure the shop is open as advertised.</p> <p>One resident indicated that the night shift staff is not as good as the day shift staff. Another resident expressed profuse praise for the physical therapy department.</p>