

**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: 66 of 80
Visit Date and day of the week Wednesday, Dec. 15, 2011	Time spent in facility 1 hour, 20 minutes	Arrival time 3:30
Person(s) with whom exit interview was held Medical Records Director and Ward Clerk		Interview was held in person yes
Committee members present: 3 Committee Members		

Number of residents who received personal visits from committee members 11

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) : 10/11/10 - newest one not in book	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. Residents reported at times there was not enough help. One resident was not sure he was getting a shower every 3 days, felt like it was longer than that. He also stated that one particular night aide was too rough when putting him to bed. He feels he is "tossed" into bed and it hurts his back
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?	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)	No	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	8. Satisfied, although not like home 11. One resident whose room is near the Nurses Station complained of noise from the station and general corridor noise. Volunteer also thought the noise level was high. 12a. Smokers accommodated outside 14. Depends on how many staff are available.
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?	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?	No	
12. Does the facility accommodate smokers?	Yes	
12a. Where? (Outside / inside / both)	N/A	
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

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. One in each room in addition to the activity board posted near the main nurses station and postings around the building. 17. Nursing home residents are offered snacks 3X a day. Special foods are provided if needed. 17a. Many residents reported eating in the dining room, and that they were given the choice of eating there or in their room. One resident, who was wheelchair dependent, said that no one had ever offered the potential to go to the dining room for meals. 17b. One resident said some foods are delicious and some are not to her personal liking. Most agreed that food is acceptable. 3 possible choices are available for lunch and dinner. 20. No functioning Family Council
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?	N/A	
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)?	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	

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <hr/> Residents would like higher staffing levels to insure responsiveness when help is needed. Newest survey done in 2011 needs to be readily accessible.	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? <hr/> Ward Clerk noted all issues and stated she would address them with the Administrator. One relatively new resident, in for rehabilitation, indicated that information about the home's routines and processes were not described directly to the resident. They were provided to the resident's spouse. The resident suggested that administrators make sure that residents, not just family, are provided the information. Examples, days of week for bathing; routine services listed on back of room door.