

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

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| 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 26 January 2011 Wednesday | Time spent in facility 1 hours 30 minutes | Arrival time 4:30 pm |
| Name of person(s) with whom exit interview was held Administrator; Interview was held post-visit as the Administrator and Director of Nursing were not on site during the visit. | | Interview was held -- Via e-mail |
| Committee members present: 2 committee members | | |
| Number of residents who received personal visits from committee members - 8 | | 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): 6 October 2011 | Staffing information clearly posted? Yes | |

| Resident Profile | Yes No N/A | Comments/Other Observations (please number comments) |
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| 1. Do the residents appear neat, clean and odor free? | Yes | 5. We did not observe staff interacting with patients who had difficulty communicating on this visit. |
| 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* | 8. One resident said the resident's children would clean the room after environmental staff cleaned it in order to bring the cleanliness to the resident's satisfaction. All other residents indicated satisfaction with the cleanliness of their rooms. |
| 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? | 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? | No* | 11. One resident felt that the hallway noise level was too high at times, but also stated that noise level in rooms was good. 13. 2 residents seated in wheel chairs were not within reach of their call |

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| | | <p>bells. Both indicated they could easily get to the bell if needed and the placement of the bell was their choice.</p> <p>14. Residents indicated that response time to call bells was slow. Lack of enough staff was cited as the reason.</p> |
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*** N/A equals not applicable, not asked, not observed

Facility / date: Brookshire 26Jan2011

| 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>14a. We felt the need to address the issue on our next visit directly with the administrator.</p> <p>16. Not asked.</p> <p>17b. Residents' responses regarding quality of food ranged from it's not good to it has recently gotten worse with less variety. They admitted they knew they could request special foods but had not done it. One resident stated that it would not be worth making a special request, either you can cook or you can't and those who are doing the cooking can't.</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? | No | |
| 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? | Yes | |
| Family Council? | 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>Ask residents if the quality of the food and response to call bell time have improved in the past 3 -4 months.</p> <p>Ask Administrator if the staff member reported to be curt with residents has improved.</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>Quality of food and recent change in amount of variety.</p> <p>Delayed response time to call bells.</p> <p>All residents felt they were treated courteously and respectfully by the staff. One resident indicated that applied to everyone but one staff member.</p> |