

**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: Carol Woods Census: 23/30
Visit Date and day of the week Wednesday, 02/29/12	Time spent in facility 1 hour 25 minutes	Arrival time 9:30 a.m.
Person(s) with whom exit interview was held Director of Nursing		Interview was held in person Yes
Committee members present: Two Volunteers		
Number of residents who received personal visits from committee members 2 and 4 other residents observed from the door of their room.		
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) : Visit conducted on 09/29/11 & results received 11/29/11	Staffing information clearly posted?	
Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	2. and 3. A resident stated that the staff was very personable, engaging, and diligently worked to individualize the needs of each resident. 5a. One staff member was not wearing a name tag.
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?	No	
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	12.a. Outside only 13. and 14. A staff member demonstrated the use of a call bell. Also, a staff member responded promptly when asked to adjust a resident's breathing tube (see number 3 in the Exit Summary).
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?	N/A	
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)		
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner?	Yes	
14a. If no, did you share this with the administrative staff?		

Carol Woods 2/29

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	15. Although no resident was asked this question, social calendars are posted throughout the facility and copies of Carol Woods Memos are available in small and large print. 15b. Two residents were being escorted by a staff member to an exercise class. 17. A breakfast tray was still in a resident's room at 10 o'clock. This reflects that residents are able to choose when and where to dine.
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?	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?	N/A	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	N/A	
20. Does the facility have a functioning: Resident's Council? Family Council?	Yes	

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>1. A resident mentioned that sleep was being interrupted when vital signs were being taken at 3:00 am. The Director of Nursing was made aware of this situation.</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>1. Each floor at Carol Woods is staffed with two registered nurses and four certified nursing assistants.</p> <p>2. Staff were appropriately sanitizing hands after interactions with residents.</p> <p>3. An annual mandatory Skills Fair is held for nurses and certified nursing assistants. Oxygen will be an area of focus at this year's fair.</p> <p>4. The staff to resident ratio is 1 CNA to 7 residents.</p> <p>5. One resident mentioned that the physical and occupational therapists do a very in-depth assessment-- this leads residents to believe they not only care, but are very thorough and good at their jobs.</p>

--	--