

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

County: Orange	Facility Type <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Cedar Grove 1 and 2 Census: 9
Visit Date and day of the week 5/7/14 Wednesday	Time spent in facility 1 hour	Arrival time 3:15
Person(s) with whom exit interview was held Resident Care Coordinator		Interview was held in person Yes
Committee members present: Three Committee Members		

Number of residents who received personal visits from committee members 7

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) : NA	Staffing information clearly posted? N/A

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	All observed residents were well cared for. All residents expressed 100% satisfaction with personal care as needed. Several residents were gathered watching television. Two residents were playing video games. Two residents were outside enjoying a beautiful day.
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?	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	All interviewed residents expressed being comfortable with the physical environment and the staff. Smokers were accommodated outside. Call bells were not used. Residents indicated the staff is very available to meet their needs.
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?	N/A	
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)	Yes	
13. Were residents able to reach their call bells with ease?	N/A	
14. Did staff answer call bells in a timely & courteous manner?	N/A	
14a. If no, did you share this with the administrative staff?		

*** 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	15. Residents expressed ability to be transported by staff for shopping, church services or medical appointments. 15b. Residents were happy with the activities and indicated that they were able to engage in activities of their choice. 16. Residents personal items are purchased by the facility as needed. 17. Meals are prepared on a schedule and residents are permitted to eat at other times as requested. 17a. Meals are eaten at the kitchen table generally. Food may be eaten in the living room or bedroom upon request. 17b. Comments about food were positive. 19. There is little community involvement at this time. 20. Residents have an open communication with the staff and owner.
15a. Was a current activity calendar posted in the facility?	N/A	
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?	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?	No	
20. Does the facility have a functioning: Resident's Council? Family Council?	N/A	

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 had no areas of concern at this time.	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/> Resident Care Coordinator is the daughter of the owner. Interaction between staff and residents was casual and comfortable. Residents present all expressed complete satisfaction with the care provided.