# Community Advisory Committee Quarterly/Annual Visitation Report

**Facility Name:** Brooks - Howell

**Visit Date:** 5/21/17

**Time Spent in Facility:** 30 min

**Interview was held with:** Carole Gillam

### Facility Type:
- Adult Care Home
- Family Care Home
- Combination Home
- Nursing Home

### Facility Information:
- **Name:** Carole Gillam
- **Title:** Admin.
- **Phone:**
- **Committee Members Present:** Maria Hing, Eleanor Lane, Judy McDonald
- **Number of Residents who received personal visits from committee members:** 53

### Resident Rights
- Resident Rights information is clearly visible.
- The most recent survey was readily accessible.

### Resident Profile
1. Do the residents appear neat, clean, and odor free? [ ] Yes [ ] No
2. Did residents say they receive assistance with personal care activities, **Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses**? [ ] Yes [ ] No
3. Did you see or hear residents being encouraged to participate in their care by staff members? [ ] Yes [ ] No
4. Were residents interacting with staff, other residents & visitors? [ ] Yes [ ] No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? [ ] Yes [ ] No
6. **Did you observe restraints in use?** [ ] Yes [ ] No
7. If so, did you ask staff about the facility’s restraint policies? [ ] Yes [ ] No

### Resident Living Accommodations
8. Did residents describe their living environment as homelike? [ ] Yes [ ] No
9. Did you notice unpleasant odors in commonly used areas? [ ] Yes [ ] No
10. Did you see items that could cause harm or be hazardous? [ ] Yes [ ] No
11. Did residents feel their living areas were too noisy? [ ] Yes [ ] No
12. Does the facility accommodate smokers? [ ] Yes [ ] No
13. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside
14. Were residents able to reach their call bells with ease? [ ] Yes [ ] No
15. Did staff answer call bells in a timely & courteous manner? [ ] Yes [ ] No
16. If no, did you share this with the administrative staff? [ ] Yes [ ] No

### Resident Services
17. Are residents asked their preferences about meal & snack choices? [ ] Yes [ ] No
18. Do residents have privacy in making and receiving phone calls? [ ] Yes [ ] No
19. **Is there evidence of community involvement from other civic, volunteer or religious groups?** [ ] Yes [ ] No
20. Does the Facility have a Resident’s Council? [ ] Yes [ ] No

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**Comments & Other Observations**

**Body Recall**
- Out of beds/rooms
- Not callbells went off

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**Report Completed by:**
Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Resident does not trust the complaint system. Resident "The good people have left over the last year."

"Tensions have been created over the last year."

New hires are not sensitive for example dirty diapers.

more turnover = impacted relationships with CNA's.

Exit Summary

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

- New grievance system is in place (paper trail)
- Social Worker

Using new words

Bib = "clothing protector"
Diapers = "Briefs"

Kudos:

Visitor noted resident was getting good care
Quiet, clean

Residents were up & out of rooms

New Call Bell system is being put in place.

3-H is a "Living Wage Certified Employer".