Community Advisory Committee Quarterly/Annual Visitation Report

County: Butte County
Facility Type: □ Family Care Home
☑ Adult Care Home □ Nursing Home
□ Combination Home
Facility Name: JoAnn's
2 - I mob 73 y/o
1 FEMALE 65 y/o

Visit Date: June 27, 2018
Time Spent in Facility: hr 20 min
Arrival Time: 1:05 pm
Name of Person Exit Interview was held with: JoAnn
Interview was held: Non-Person □ Phone □ Admin. □ SIC(Supervisor in Charge)
□ Other Staff Rep: (Name & Title)
Committee Members Present: MARSHA S
Report Completed by: SHARON WHITE

Number of Residents who received personal visits from committee members: 1

Resident Rights Information is clearly visible: □ Yes □ No
The most recent survey was readily accessible: □ Yes □ No
(Required for Nursing Homes Only)

Ombudsman contact information is correct and clearly posted: □ Yes □ No
Staffing information is posted: □ Yes □ No
STAFFING IS CORRECT & ACCURATE

Resident Profile

1. Do the residents appear neat, clean and odor free? □ Yes □ No
2. Did the 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 w/ 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

Comments & Other Observations
1. If needed
2. 2 - 3 times per day
3. 2 - they perform their own care
   NOT WITNESSED

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
12a. Where? □ Outside only □ Inside only □ Both Inside & Outside.
13. Were residents able to reach their call bells with ease? □ Yes □ No
14. Did staff answer call bells in a timely & courteous manner? □ Yes □ No
14a. If no, did you share this with the administrative staff? □ Yes □ No

Comments & Other Observations
14 NOT WITNESSED

Resident Services

15. Were residents asked their preferences or opinions about the activities
    planned for them at the facility? □ Yes □ No
16. Do residents have the opportunity to purchase personal items of their
    choice using their monthly needs funds? □ Yes □ No
16a. Can residents access their monthly needs funds at their convenience?
    □ Yes □ No
17. Are residents asked their preferences about meal & snack choices?
    □ Yes □ No
17a. Are they given a choice about where they prefer to dine? □ 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
   Family Council? □ Yes □ No

Comments & Other Observations
16 - The 2 here are very independent & will do express when they need about
   anything.

Areas of Concern

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

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

Exit Summary