### Community Advisory Committee Quarterly/Annual Visitation Report

**Facility Name:** Brian C Hr.

**County:** Butte County

**Facility Type:** Nursing Home

**Date:** 3/30/19

**Time Spent in Facility:** 1 hr

**Name of Person:** Cindy Ramsey

**Interview was held by:** Cindy Ramsey

**Other Staff:** Dona

**Committee Members Present:**

- Stephan Feldman
- Nancy Krusing
- Judy McDonald

**Resident Profile**

- Do the residents appear neat, clean, and odor free? **Yes**
- Did residents say they receive assistance with personal care activities, brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? **Yes**
- Did you see or hear residents being encouraged to participate in their care by staff members? **Yes**
- Were residents interacting with staff, other residents & visitors? **Yes**
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? **Yes**
- Did you observe restraints in use? **Yes**
- If so, did you ask the facility's restraint policies? **Yes**

**Resident Living Accommodations**

- Did residents describe their living environment as home-like? **Yes**
- Did you notice unpleasant odors in commonly used areas? **No**
- Did you see items that could cause harm or be hazardous? **No**
- Did residents feel their living areas were too noisy? **No**
- Does the facility accommodate smokers? **Yes**
- Where? Outside only
- Inside only
- Both Inside & Outside
- Were residents able to reach their call bells with ease? **Yes**
- Did staff answer call bells in a timely & courteous manner? **Yes**

**Resident Services**

- Were residents asked their preferences or opinions about the activities planned for them at the facility? **Yes**
- Do residents have the opportunity to purchase personal items of their choice using monthly needs funds? **Yes**
- Can residents access their monthly needs funds at their convenience? **Yes**
- Are residents asked their preferences about meal & snack choices? **Yes**
- Are they given a choice about where they prefer to dine? **Yes**
- Do residents have privacy in making and receiving phone calls? **Yes**
- Is there evidence of community involvement from civic, volunteer or religious groups? **Yes**
- Does the facility have a Resident Council? **Yes**
- Monthly Education Meetings w/ Family

**Areas of Concern**

- There resident issues or topics that need follow-up or review at a later time or during the next visit? **No**

**Exit Summary**

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

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### Areas of Concern

<table>
<thead>
<tr>
<th>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</th>
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<tbody>
<tr>
<td>Toenail care on Memory Unit, &quot;Bland&quot; food complaints</td>
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### Exit Summary

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

DON took notes. She told about "field trips" to the Lake Julian Holiday Lights & to Lake Dunaluska for a fishing trip!

A group from another facility joined residents for a Sing-Along.

Kudos: "Red" & "Blue" bird pictures denote level of impairment on Memory Care Unit. Large, new color photos on locked unit. 16 participants (all female) in Solastum on locked unit. Catching/throwing a ball. Uncluttered halls. Menus have alternatives & are easy to read. Beauty Parlor in full swing!

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