

Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Sonoma</i>	Facility Type - <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name: <i>HARMONY Valley</i>	
Visit Date <i>6-4-14</i>	Time Spent in Facility 2 hr <i>50</i> min	Arrival Time <i>11:45</i> (am) pm	
Name of Person Exit Interview was held with		Interview was held <input checked="" type="checkbox"/> In-Person	
Phone	Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff	
Rep <i>MARY HAGAN - SIC</i>	(Name & Title)		<i>667-0134</i>

Committee Members Present: *Peggy Blejer + Margie Latta* Report Completed by: *M. Latta*

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <i>But not right TO EVER</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>30 Bed / 25 Residents</i> <i>no activities plan shown</i> <i>Beds all made - Old building but clean -</i> <i>Residents say treated well.</i>
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Bathroom had dirty toilet seat.</i> <i>Janitor room + rest room unstocked with cleaning supplies</i> <i>not sure</i> <i>Fire Extinguisher needs update Oct 2013</i>
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input type="checkbox"/> Outside only <input checked="" type="checkbox"/> Inside only <input type="checkbox"/> Both inside and outside.	
13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>not sure</i> <i>Food - Most food is diabetic friendly - No added sugar to connect food + limit amount of carb food. Artificial Sweetener available -</i> <i>additional food supplies in activities room not all in kitchen</i> <i>unknown</i>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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? *NO*

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

*Make sure Staffing Chart Revised
Fire Extinguishers update
Janitors Room Locked*

*Directions - 40 min from Beach Mt.
19-23
Pass Bojangles 1 1/2 miles
on Right after Larry's
RV and across
from "BONUS ROOM
STORAGE"*

*I40-39m-40 → EXIT 44 to US
19-23 toward ENKA ABTUS camp
miles on RT
Candler-Smokey Park Hwy*