

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

County: Orange	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home x <input checked="" type="checkbox"/> Nursing Home	Facility Name: Signature Healthcare of Chapel Hill
Visit Date and day of the week 2/3/2015 - Tuesday	Time spent in facility: 1Hr	Arrival time 10:00 am
Name of person(s) with whom exit interview was held Director of Nursing		Interview was held x <input type="checkbox"/> in person
Committee members present: Two members		
Number of residents who received personal visits from committee members : 13 Occupancy was 89 / 108		Report completed by:
Resident Rights information is clearly posted? yes	Ombudsman contact information is correct and clearly posted: yes	
The most recent survey was readily accessible yes (Required for NHs only – record date of most recent survey posted) : 9/18/2014 Regular Survey, 10/9/2014 Life Safety Survey, 10/30/2014 Follow Up Safety Code Survey.	Staffing information clearly posted? yes	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	5a: Four staff members were observed without a nametag.
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?	N/A	
5a. Did staff members wear nametags that are easily read by residents and visitors?	Yes*	
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)		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	12/12a: Smoking policy has changed. Residents who wish to smoke are accompanied outside to the smoking area on a schedule. They go as a group every two hours during the day. Residents do not have the option to smoke at night which they used to be able to do. One resident was unhappy with the change as it cuts down on how many cigarettes he smokes in a day. The facility presently has 10 residents who smoke.
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?	Yes	
10b. Were bathrooms clean, odor-free and free from hazards?	Yes	
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)	Outside	
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner?	Yes	
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	16/16a: The facility has established a new policy for accessing funds. The receptionist makes rounds with ledger and money to residents. The residents sign the ledger when they receive their money. DON explained that some residents are unhappy with this change as they have to wait for receptionist to come around with the money and ledger but it makes for better accounting of money received.
15a. Was a current activity calendar posted in the facility?	Yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	Yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Yes*	
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)	Yes	
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?	Yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	Yes Yes	

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>No</p>	<p>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?</p> <hr/> <p>The administrator was at a meeting at the corporate offices in Kentucky at time of visit so we met with the Director of Nursing. She states that she has been here for 4 weeks now but worked at this facility a few years ago so she is familiar with it. She shared a new flyer they have about the chaplaincy program. She explained the new policies for smoking and accessing funds. She will address the importance of wearing nametags.</p>