

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

County Orange	Facility Type Family Care Home Adult Care Home Nursing Home X	Facility Name: Signature Healthcare Census – current/licensed: 104/108
Visit Date and day of the week Thursday, 6/2/2016	Time spent in facility 1 hour	Arrival time 1PM
Name of person(s) with whom exit interview was held:		Interview was held in person
Committee members present:		
Number of residents who received personal visits from committee members 12		Report completed by:
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted: Telephone number correct but name is not. Information clearly posted.	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : July 7-9 2015. See note under exit interview.	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	6 and 7: Facility continues to have one resident who has hands restrained to prevent the resident from removing tracheostomy tube.
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?	N/A	
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?	Yes*	
7. If so, did you ask staff about the facility's restraint policies?	Yes*	

Note: Do not ask about confidential information without consent		
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Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	14: 9 of the 12 residents who received visits from us stated that call bells were answered within a reasonable time. 3 residents were unhappy with the response time for call bells.
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? Note: By regulation smoking is only permitted outside of the Building	Yes	
13. Were residents able to reach their call bells with ease?	Yes	
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	

*** N/A equals not applicable, not asked, not observed

Facility / Date: Signature Healthcare
/06/02/2016

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	16a: The business office is open Monday through Friday from 10 AM to 4 PM and residents are expected to get their funds during those hours.
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?	Yes*	
17. Are residents asked their preferences about meal & snack choices?	Yes	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience?	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 data-bbox="139 159 813 226">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p data-bbox="172 260 212 289">No</p>	<p data-bbox="846 159 1560 296">Discuss items from “Areas of Concern” Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. <u>Does the facility have needs that the committee or community could help address?</u></p> <p data-bbox="846 327 1560 394">Discussed the call bell issue voiced by the 3 residents. DON very responsive and will follow up.</p> <p data-bbox="846 394 1560 495">DON informed us that they just had their recertification survey but they have not received the letter for posting and follow up.</p> <p data-bbox="846 495 1560 562">Facility has a new food system which has resulted in positive feedback from residents.</p> <p data-bbox="846 562 1560 630">DON reported that they are now using “hand-in-hand” training of staff for improved care and retention of staff.</p>