

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

County: Orange	Facility Type Nursing Home	Facility Name: Signature Healthcare Census – current/licensed: 90/108
Visit Date and day of the week 7/26/2016, Tuesday	Time spent in facility 1 hour	Arrival time 11 AM
Name of person(s) with whom exit interview was held Andrea Miller, ADON		Interview was held in person
Committee members present: Jerry Gregory, Vibeke Talley		
Number of residents who received personal visits from committee members 14		Report completed by: Vibeke Talley
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted: Yes	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : 5/17-20/2016	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: Facility continues to have one resident who has hands restrained to prevent removal of 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?	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?	Yes *	
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	
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	
14a If no, did you share this with the administrative staff?		

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

Resident Services		Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	
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	

	Signature 7/26/2016		

Areas of Concern	Exit Summary
<p data-bbox="131 163 800 226">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <hr data-bbox="131 226 800 231"/> <p data-bbox="155 264 196 289">No</p>	<p data-bbox="837 163 1544 331">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 data-bbox="837 331 1544 336"/> <p data-bbox="837 367 1544 430">The facility has placed an “Expression box” in the lobby for residents and visitors to voice their opinions.</p> <p data-bbox="837 432 1544 600">They have implemented that staff get together 6 times every 24 hours to share information about residents. This is a huddle that should take 5 to 15 min each time. They believe this will improve communication between shifts and thus resident care.</p>