

**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 type="checkbox"/> Nursing Home	Facility Name: Signature Healthcare of Chapel Hill
Visit Date and day of the week 11/17/2014 - Monday	Time spent in facility: 1Hr and 10 min	Arrival time 10:00 am
Name of person(s) with whom exit interview was held  Administrator		Interview was held in person X <input type="checkbox"/>
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members : 10 Occupancy was 86 / 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	

<b>Resident Profile</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
1. Do the residents appear neat, clean and odor free?	Yes	5: Observed one resident who is a non-English speaker. The Administrator informed us that staff uses a communication board with pictures to communicate with her. He also said that they have access to the UNC Translation Services. We did not observe this. 5a: One staff member was 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?	Yes	
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)		

<b>Resident Living Accommodations</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
8. Did residents describe their living environment as homelike?	Yes	14: One resident out of 5 questioned said that it took a long time to answer call bells. The other 4 were satisfied with the time it took.
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*	<p>15. Several residents stated that the activity programming is good with a variety of activities. Manicures were happening during visit and many residents stated how much they enjoy that activity.</p> <p>17b. Most residents said the food was fine. Two residents said the food was not to their liking. The administrator said that he believes the dietary department is one of the strongest departments. He said that most foods are made at the facility from scratch. He gave as example that they will be cooking turkeys for Thanksgiving dinner.</p>
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 stated that he has been at the facility two weeks. He addressed the issues stated above. He was pleased with the addition of a chaplain and explained that the chaplain serves several purposes:</p> <ul style="list-style-type: none"> <li>• addresses the transition to the nursing home with the residents and their families</li> <li>• visits in the hospital when a resident is admitted</li> <li>• works with staff on grief issues</li> <li>• provides counseling</li> </ul>