

**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 (formerly Chapel Hill Rehab)
Visit Date and day of the week 9/8/2014 - Monday	Time spent in facility: 1Hr and 0 min	Arrival time 10:00 am
Name of person(s) with whom exit interview was held  Administrator and Social Worker		Interview was held x <input type="checkbox"/> in person
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members : 11 Occupancy was 86 / 118		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) : 9/12/2013 (they are due for one any day)	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	3. We observed 1 staff member assisting residents with personal care.
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	11. One resident stated that he had recently been moved to a room where the noise from his roommate's TV kept him awake.
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?	N/A	
10c. Were rooms containing hazardous materials locked?	Yes	
11. Did residents feel their living areas were kept at a reasonable noise level?	No*	
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?	N/A	
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*	15. Several residents stated that the activity programming has increased recently and that they are happy with the additional activities. The administrator indicated that the activity programming runs to 7 or 8 pm at least 3 nights per week.  17b. Most residents said the food was fine. One resident said that the kitchen staff was not given quality ingredients so therefore the food was not to her liking sometimes.
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 addressed the change in corporate ownership as of 8/1/2014. She stated that the company has maintained present staff and will be adding a full-time chaplain as well as business office personnel. She also indicated that the dining experience will be changing as the new management will be focusing on creating a home like atmosphere.</p>