

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

County ORANGE	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: Chapel Hill Rehab Census: 101 / 108
Visit Date and day of the week 02/22/2013 Friday	Time spent in facility 1 hours 20 minutes	Arrival time 9:40 A.M.
Name of person(s) with whom exit interview was held Administrator		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members 16		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) : 06/29/2012	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?	Y	5a Two staff members did not have name tags on. 7. Restraint policies are in the Standard Operating Procedures Manuals
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)	Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Y	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Y	
5a. Did staff members wear nametags that are easily read by residents and visitors?	N	
6. Did you observe restraints in use?	Y	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)	Y	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Y	12a One resident said he is allowed to go outside to smoke
9. Did you notice unpleasant odors?	N	
10. Did you see items that could cause harm or be hazardous?	N	
10a. Were unattended med carts locked?	Y	
10b. Were bathrooms clean, odor-free and free from hazards?	Y	
10c. Were rooms containing hazardous materials locked?	Y	
11. Did residents feel their living areas were kept at a reasonable noise level?	Y	
12. Does the facility accommodate smokers?	Y	
12a. Where? (Outside / inside / both)	Outside	
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner?	Y	
14a. If no, did you share this with the administrative staff?	N/A	

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

Facility / date: Chapel Hill Rehab February 22, 2013

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?	Y	15. The current date and weather board was incorrect
15a. Was a current activity calendar posted in the facility?	Y	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	Y	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Y	
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)	Y	
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.)	Y	
17a. Are they given a choice about where they prefer to dine?	Y	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Y	
17c. Is fresh ice water available and provided to residents?	Y	
18. Do residents have privacy in making and receiving phone calls?	Y	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Y	
20. Does the facility have a functioning: Resident's Council? Family Council?	Y Y	

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>The information on the date and weather board was out of date by one day.</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 Supervisor-In-Charge. Does the facility have needs that the committee or community could help address?</p> <p>Everything listed above was discussed with the administrator. One resident asked "what is going to happen?" The administrator said this was probably a question about transitioning to new owners. She also said the transition to the new company will be essentially transparent with no immediate changes for residents or staff.</p>