

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

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| County: Orange | Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home | Facility Name: Kindred – Chapel Hill Census: 99/108 |
| Visit Date and day of the week Monday, December 10, 2012 | Time spent in facility 90 minutes | Arrival time 10:00 |
| Name of person(s) with whom exit interview was held Administrator | | Interview was held In person |
| Committee members present: Two Committee Members | | |
| Number of residents who received personal visits from committee members 15 | | 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) : June 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? | Yes | 5a Several staff members did not have name tags on. |
| 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? | No | |
| 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) | Yes | |

| Resident Living Accommodations | Yes No N/A | Comments/Other Observations (please number comments) |
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| 8. Did residents describe their living environment as homelike? | Yes | 9. One room smelled of urine. 10. Medicine, laundry, and meal carts were on both sides of several halls. 10c A lab door was locked but door was open. Sharps were accessible. |
| 9. Did you notice unpleasant odors? | Yes | |
| 10. Did you see items that could cause harm or be hazardous? | Yes | |
| 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? | No | |
| 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

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| Facility / date: Chapel Hill Rehab / December 10, 2012 |
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| 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 | 17b. Several residents said the food was not good. |
| 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? | No | |
| 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)? | No | |
| 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 No | |

| 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 open lab door (fire zone 1) should be checked</p> <p>The location of carts in hallways should be checked.</p> <hr/> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator. Does the facility have needs that the committee or community could help address?</p> <hr/> <p>Kindred Healthcare leases the buildings and manages this facility. They do not plan to renew their lease in April 2013.</p> |