

**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: Signature Healthcare of Chapel Hill Census – current/licensed: 88/108
Visit Date and day of the week 9/25/2015 Friday	Time spent in facility 1 hours 30 minutes	Arrival time 10:00 AM
Name of person(s) with whom exit interview was held Administrator		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members 5		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) : 7/9/2015	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	
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?	No	
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?	No	
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	13: Most residents had call bells within reach, however 1 resident's call bell was not within reach and resident was not aware that she had a call bell. This was brought up with administrator at exit interview. He stated that all residents were instructed about call bells upon admission.
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?	NA	
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	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: Most residents were positive about the food, however 1 resident said the food was "so-so". 19: Administrator reports that facility is participating in the iPod music program through the OCDOA, they have interns from recreational therapy, social work, and chaplain programs, and they have pet therapy volunteers. 20: Administrator states that the Resident's Council is very active and has sub-committees addressing areas such as food, activities, and welcoming new residents.
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* Yes	

Areas of Concern	Exit Summary
<p data-bbox="115 1066 786 1129">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <hr/> <p data-bbox="115 1165 256 1192">None noted</p>	<p data-bbox="820 1066 1537 1199">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 data-bbox="820 1234 1537 1367">Discussed renovations which have not progressed beyond a new roof, paving of parking areas, and new water heater system. No new needs noted during visit.</p>

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