

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

County: Chatham	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: Siler City Rehabilitation Center Census: 130/150
Visit Date and day of the week 5/30/14	Time spent in facility 1 hr 20 min.	Arrival time 11:00 AM
Person(s) with whom exit interview was held Administrator		Interview was held in person Yes
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members 18 and 1 family members		
Resident Rights information is clearly posted? yes	Ombudsman contact information is correct and clearly posted? yes	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : yes	Staffing information clearly posted? Initially no; before leaving, yes.	
Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	1. Residents were clean, appropriately dressed.
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?	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)	No	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	8. Many residents were active, moving around, curious; others were bright, waiting for lunchtime.
9. Did you notice unpleasant odors?	Yes	
10. Did you see items that could cause harm or be hazardous?	No	9. Odor detected in one hallway area.
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?	N/A	
11. Did residents feel their living areas were kept at a reasonable noise level?	Yes	
12. Does the facility accommodate smokers?	Yes	12. Yes, for the 3 residents who were there prior to the new smoke free policy.
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?	No	14. One bell not answered for 7 minutes. However, a resident noted that the staff usually answers within 5 minutes.
14a. If no, did you share this with the administrative staff?	no	

Facility / date: 5/30/14 Siler City Ctr

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. Activities were clearly posted on the bulletin boards and in residents rooms.
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	15b. Art class had just ended.
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	17b. There were comments from residents that the food had improved.
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	18. One resident observed using the phone at nurses/staff station.
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	

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> <hr/> <p>1. Residents observed having to help each other with door to smoking patio.</p> <p>2. One resident observed having difficulty chewing food due to poor dentition.</p> <p>3. Odor in one hallway.</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 hasn't been able to get financial approval to resolve the patio door problem. But other safety measures have been implemented, such as smoking aprons. He reported that there is a "phone room" across from the nurses station that residents can use. Portable phones are also available for residents' use. The Administrator expressed surprise and concern about the report of odor as this has not been reported before and promised to will look into it. The staff has been working with a couple of residents with mental impairments or behaviors re their inappropriate urination, and he wondered if this may have been a factor in reported odor.</p> <p>Re poor dentation and eating problems: the dietician and speech pathologist address these issues.</p>

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