

**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: 125/150
Visit Date and day of the week 2/19/14	Time spent in facility 1 hr 30 min.	Arrival time 1:00 PM
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 19 and 3 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? n/a	
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 addressed; and there were no odors. It is a large facility and consisted of residents who were ambulating in the halls while others were in beds, and who clearly needed assistance with getting up.
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.Overall, residents had a positive attitude toward the facility: one stated "the aides are wonderful". 8. The facility no longer accepts smokers. However, there is a smoking area outside for smokers who arrived before the policy change.
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?	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	
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. Activities were clearly posted on the bulletin boards and in residents rooms. Some residents stated they attend several of the activities. Today's activity "The Chatham News" was just beginning and was well attended. 17. Residents stated they were pleased with the meals and snacks. Some dine in the dining room, others prefer to eat in their room. One resident said the quality of the food depended on the chef. 19. Visitors are common. A Religious service with a choral group was planned for the evening; residents stated they never miss this. 20. Social Work coordinates the Residents Council and keeps the minutes. There is also a Food Committee.
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	

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <hr/> One resident was unhappy with the reduction of TV cable programing in the public areas and had spoken to the administration.	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? <hr/> The administrator stated that the TV cable issue was due to a recent contract change by the cable company; this is an ongoing issue; no ready solution for now. The Music and Memory Program is going well; the IPODS are in use and the itune gift card use has also helped keep the cost down. One CAC member offered suggestions with obtaining free downloads.