

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

County Chatham	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home x <input type="checkbox"/> Nursing Home	Facility Name: Siler City Rehabilitation Center Census – current/licensed: 122/150
Visit Date and day of the week 8/27/2014	Time spent in facility 1 hours 30 minutes	Arrival time 1:00 PM
Name of person(s) with whom exit interview was held Administrator, Director of Nursing and Admissions Director		Interview was held x <input type="checkbox"/> in person
Committee members present: Four committee Members		
Number of residents who received personal visits from committee members 22 and 3 staff		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 (Required for NHs only – Survey book was incomplete, so we couldn't assess last survey. Sanitation Rating posted: 93.5.	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	However, a few had remnants of lunch on their clothing.
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?	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	12. Outside patio available for smokers admitted prior to current no smoking policy implemented.
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?	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?	n/a	
14a If no, did you share this with the administrative staff?		

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

Facility / Date:

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	<p>Staff was preparing for the next activity: Chatham County News.</p> <p>17b. Several residents stated that they preferred to eat in their rooms – reasons given included “you get served faster and the food is warmer”; “ I don’t like other peoples’ eating habits”.</p> <p>19. Church groups visit regularly.</p>
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?	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/ 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	

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>Areas of concern were : Dining room dissatisfaction Food on clothing</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>Administration openly listened to concerns and outlined efforts being made: food committee of staff and residents meet monthly; staff are assigned to sample and monitor quality of the meals; implementing change of main meal to evening meal rather than lunch; additional seating times are going to be offered. Administration stated that residents like having the freedom to choose where to eat; and also the challenge to staff of being able to change social behaviors. Clothing issue noted and to be monitored.</p>

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**Community Advisory Committee
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Facility/ Date

Culture Change / Person Centered Thinking	Comments/Responses
<p>1. Directed to residents –</p> <p>a. What is one thing you would change here to make your life better?</p> <p>b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed?</p> <p>c. What’s important to you while dining?</p> <p>d. What would make your dining experience here more like home?</p> <p>e. Is listening to music something you’ve enjoyed?</p>	<p>more TV channels (1 resident).</p> <p>Yes</p> <p>my privacy; eating with friends.</p> <p>It’s ok.</p> <p>Yes</p>
<p>2. Directed to the administrator or supervisor-in-charge</p> <p>a. What are you doing to incorporate residents’ wants and needs in every aspect of their lives and assure a home-like environment?</p>	<p>The Shadow Boxes and family involvement in this.</p>

<p>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</p> <p>c. What are you doing to make the dining experience a pleasant one for your residents?</p> <p>d. Are you offering personalized music to your residents?</p>	<p>Yes, we have to allow for staff to cover for each other and know the residents.</p> <p>Constant monitoring; food committee; trying new things like the change of main meal time.; will introduce additional seating times.</p> <p>Yes, the Activity staff offer Music and Memory program in the Memory Unit.</p>

Updated 7/2014