

**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 Center, Genesis Health Care Census – current/licensed: 127/150 (26/30 Memory Unit)
Visit Date and day of the week 06/22/2015 Monday	Time spent in facility 1 hours 15 minutes	Arrival time 11 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 22		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) : April 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	Residents on the general wards who were out and about were neatly dressed. A few residents remained in their beds. Staff were helpful to residents
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	N/A	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	Some residents expressed the desire to go home, others recognized that they could not go home for multiple reasons. They felt at home in the Center.
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, 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

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	No activities appeared to be occurring during our visit. Many residents were in the hall ways outside their rooms waiting for lunch.
15a. Was a current activity calendar posted in the facility?	N/A	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	No	Many residents stated that they prefer to eat in their rooms.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A	
16a. Can residents access their monthly needs funds at their convenience?	N/A	Residents stated that the food is good and they get enough to eat.
17. Are residents asked their preferences about meal & snack choices?	Yes	Some residents noted that they did not get much physical activity.
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?	N/A	
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>Door to the outside residents activity (smoking) area. Music and memory program in the Memory Unit. Success with more residents eating in the dining room.</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 door to the outside congregate area does not work and it is possible that residents can get isolated out there during incimate weather. The center is actively attempting to remedy this problem.</p> <p>Administrator noted that another area is being prepared for residents to enjoy the outside.</p> <p>We discussed institutional plan to encourage more residents to eat in the dining room.</p> <p>Administrator noted that there are very active physical therapy, occupational therapy, and speech therapy activities at the center.</p> <p>Music and memory activities were discussed with plans to implement more utilization in the Memory Unit.</p>

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