

**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: Genesis Health Care, Siler City Center  Census – current/licensed: 121/150
Visit Date and day of the week Wed. 06/14/2017	Time spent in facility 1 hours 20 minutes	Arrival time 10:00am
Name of person(s) with whom exit interview was held Crystal Harman, Assistant Director of Nursing		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: Shawn Poe, Michael Levandoski, Drew Weniger		
Number of residents who received personal visits from committee members 11		Report completed by: Shawn Poe
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted: Yes *Still has Autumn Pittman*	
The most recent survey was readily accessible Yes (Required for NHs only – record date of most recent survey posted) : 9/30/2016 Life Safety Survey	Staffing information clearly posted? Yes	

<b>Resident Profile</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
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?	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	N/A	

<b>Resident Living Accommodations</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
8. Did residents describe their living environment as homelike?	Yes	10. Two (2) treatment carts unlocked, but were locked by staff upon inquiry. 12. Designated smoking area. Times posted in facility for those needing assistance. 13. Two residents were unable to reach call bells. 14. More than 5 minutes after call bell pushed before staff entered room.
9. Did you notice unpleasant odors?	No	
10. Did you see items that could cause harm or be hazardous?	Yes	
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?	No	
14. Did staff answer call bells in a timely & courteous manner?	No	
14a If no, did you share this with the administrative staff?	Yes	

\*\*\* 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	15b. Very interactive activity room. Residents were listening to music, some were getting nails polished. others looking at magazines and pictures. 17b. Residents report the food is good and quantity is good. Menus clearly posted with alternative choices.
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 No	

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>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>"Music in Memory" program not being used. Using "It's Never 2 Late and Music First".</p>

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

<b>Facility/ Date</b>
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<b>Culture Change / Person Centered Thinking</b>	<b>Comments/Responses</b>
<p><b>1. Directed to residents –</b></p> <ul style="list-style-type: none"> <li>a. What is one thing you would change here to make your life better?</li>   <li>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?</li>   <li>c. What’s important to you while dining?</li>   <li>d. What would make your dining experience here more like home?</li>   <li>e. Is listening to music something you’ve enjoyed?</li> </ul>	
<p><b>2. Directed to the administrator or supervisor-in-charge</b></p> <ul style="list-style-type: none"> <li>a. What are you doing to incorporate residents’ wants and needs in every aspect of their lives and assure a home-like environment?</li> </ul>	

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| <ul style="list-style-type: none"><li>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</li><br/><li>c. What are you doing to make the dining experience a pleasant one for your residents?</li><br/><li>d. Are you offering personalized music to your residents?</li></ul> |  |
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Updated 7/2014