

Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home X 90 bed Adult Assisted Living	Facility Name/Address: Cambridge Hills 140 Brookstone Ln, Pittsboro, NC 27312
Visit Date: 4/27/2023	Time spent in facility: 45 minutes	Arrival time: 1:05 pm
Name of person exit interview was held with: Admin. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) Other Staff Rep. (Name & Title) Angela Munick, Director of Activities		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone
Committee Members Present: Kevyn Immerman and Anita Tesh		Report Completed by: Anita Tesh
Number of Residents who received personal visits from committee members: 4 residents, 1 employee, 1 visitor		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) N/A Assisted Living		Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No N/A Assisted Living

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents were clean and well groomed No odors noted
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	Yes	The residents we spoke with were positive about the care they receive.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Observed respectful care being given
4. Were residents interacting with staff, other residents & visitors?	Yes	Many residents were taking "after lunch naps" during this visit. Some residents observed interacting with visiting minister, and with staff.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Observed staff being responsive to residents in the memory care unit.
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	NA	

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	Residents were pleased with their care. Statements included: "food is good," "love it here," "staff are nice," and "very clean"
9. Did you notice unpleasant odors in commonly used areas?	No	Facility was clean, orderly & odor-free.
10. Did you see items that could cause harm or be hazardous?	No	Med carts were secured in nursing stations.
11. Did residents feel their living areas were too noisy?	No	One resident specifically stated that it is "quiet at night."
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	Non- smoking policy, which includes staff
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes N/A	One call beeper was noted and answered within 10 minutes during our visit.

Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	Posted Activity Calendar showed a variety of activities. The facility also has extensive assortment of books, puzzles, and craft supplies available to residents.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	NA NA	Not addressed during this visit.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Posted menus show choices. An illustrated menu was observed on this visit. Residents positive about the food.
18. Do residents have privacy in making and receiving phone calls?	Yes	Residents are in private or semi-private rooms, with phones. Staff observed to knock before entering rooms.

19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Minister was visiting several rooms during the CAC visit. Activity calendar also shows engagement.
20. Does the facility have a Resident's Council?	Yes	
21. Family Council?	Yes	
Areas of Concern	Yes/No/NA	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> <p>No concerns noted.</p>	None	Positive observations shared on exit interview.

This Document is **PUBLIC RECORD**. **Do not** identify any Resident(s) by name or inference on this form.
Top Copy is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.