

Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Combination Home 95 bed ACH	Facility Name/Address: Carolina Meadows: Fairways 700 Carolina Meadows Chapel Hill NC 27517
Visit Date: 4/ 4/2023	Time spent in facility: 52 mins.	Arrival time: 6:05 pm
Name of person exit interview was held with: Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin. <input checked="" type="checkbox"/> SIC (Supervisor in Charge). <input type="checkbox"/> Other Staff Rep. Tasha Bell, LPN		
Committee Members Present: Kevyn Immermann, Anita Tesh, Patti Liegl		Report Completed by: Anita Tesh
Number of Residents who received personal visits from committee members: 7 residents 2 staff members		
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 <i>(Required for Nursing Homes Only)</i> N/A		Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No N/A

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents clean, neat & well groomed
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	Residents with whom we spoke were pleased with the care received at facility. One stated "personal care is superb!"
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Dining in process during visit; assistance & encouragement given as needed.
4. Were residents interacting with staff, other residents & visitors?	Yes	Cheerful, respectful interactions observed
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	n/a	We did not observe any residents who had difficulty communicating with staff. Staff were observed addressing residents respectfully.
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 with whom we spoke stated they were very happy with facility. One resident stated that she had trouble figuring out the "ground rules," such as who she could sit with at meals. See note below on this resident.
9. Did you notice unpleasant odors in commonly used areas?	No	Facility clean and in excellent repair.
10. Did you see items that could cause harm or be hazardous?	No	Facility clean & in good repair, common areas uncrowded. Presently masks required throughout.
11. Did residents feel their living areas were too noisy?	No	Residents pleased with facility.
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	No residents are smokers.
13. Were residents able to reach their call bells with ease?	See note	Pagers used rather than call bells.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes N/A	Staff attentive and courteous to residents.
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	Activity calendars showing many options posted in multiple places. One resident particularly indicated enjoying regular card games.
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?	Yes Yes	Purchases are made for residents and added to their bills. Residents can also keep small amounts of cash.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Multiple options available for meal choices.
18. Do residents have privacy in making and receiving phone calls?	Yes	Phones in rooms; staff knock before entering.

19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Per activity calendar.
20. Does the facility have a Resident's Council? Family Council?	Yes No	Resident's Council meets monthly, shown on calendar. In-person care plans meet when applicable.
Areas of Concern	Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? No concerns. Staff were welcoming to CAC visitors. One resident stated that she had trouble figuring out the "ground rules," such as who she could sit with at meals, or when she had to wear a mask, or when she should stay in her room due to active COVID on her hall. This resident repeated points frequently which suggests she may have memory problems. Resident did not want her name used in report to facility.	No	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit No concerns. Resident's issue with remembering "ground rules" discussed with nurse manager without disclosing resident's name.

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.