Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: ☐ Family Care Home **X Nursing Home 90 bed SNF** ☐ Adult Care Home ☐ Combination Home	Facility Name/Address: Carolina Meadows: The Pines 100 Whippoorwill Lane Chapel Hill NC 27517
Visit Date: 4/13/2023	Time spent in facility: 38 min	Arrival time: 4:02 pm

Name of person exit interview was held with: Interview was held: X in Person ☐ Phone

☐ Admin. . X SIC (Supervisor in Charge). ☐ Other Staff Rep. (*Name & Title*) Miriam Kajiur, Nursing Supervisor

Committee Members Present: Patti Liegl, Anita Tesh | Report Completed by: Anita Tesh

Number of Residents who received personal visits from committee members: 9 residents 2 staff members

Resident Rights Information is clearly visible: x Yes ☐ No	Ombudsman Contact Info is correct and clearly posted: x Yes ☐ No
The most recent survey was readily accessible: X Yes ☐ No (*Required for Nursing Homes Only*)	Staffing information clearly posted: x Yes ☐ No

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents were well groomed and clean
2. Did residents say they receive assistance with personal care activities? *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses*?	Yes	Residents positive about care received. "People are nice here."
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Observed staff members assisting/encouraging residents in multiple activities: PT, vital sign measurement, jig saw assembly, ambulation.
4. Were residents interacting with staff, other residents & visitors?	Yes	Residents were pleased to interact with CAC visitors, interacted openly. Staff observed to address residents patiently and respectfully, with attention to individual preferences.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Respectful, patient interactions by staff noted.
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 pleased with facility. Two stated "people are nice here- we have friends, lots of things to do."
9. Did you notice unpleasant odors in commonly used areas?	No	Facility clean and odor free.
10. Did you see items that could cause harm or be hazardous?	No	Medication carts were supervised, hallways clear, no safety hazards noted.
11. Did residents feel their living areas were too noisy?	No	
12. Does the facility accommodate smokers? Where? ☐ Outside only ☐ Inside only ☐ Both Inside/Outside	No	Nonsmoking facility
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?	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	Vibrant activity calendar posted and confirmed by 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?	Yes Yes	Purchases made for residents and added to their bills.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	No menu is posted- instead menus and activity calendars are placed in each residents' room. Wide range of choices for menu and snacks.
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	Activity calendar shows involvement
20. Does the facility have a Resident's Council? Family Council?	Yes Yes	Family council meets monthly.

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? Note: Facility staff were open and welcoming to CAC visitors. The visitor check-in kiosk requires that masks be pulled down for temperature check to work, but there was no sign explaining this. Also, kiosk check in procedure states that face shields are required for visitors, but staff present at check-in indicate that this is not a current requirement. CAC encouraged staff to post an announcement at kiosk of these items, since CAC attempted to visit on 4/6/23 but could not complete check-in due to these issues. (No staff available at time of visit on 4/6.)	No	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit Positive observations shared with nursing supervisor.