

## Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: Assisted Living <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Assisted Living <input type="checkbox"/> Combination Home	Facility Name/Address: Chatham Ridge Assisted Living 114 Polks Village Lane Chapel Hill, NC 27517
Visit Date: 04 / 06 / 2023	Time spent in facility: 1hr 5min	Arrival time: 5:30 pm
Name of person exit interview was held with: X Jennifer Tinnen – AL Resident Care Director <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. Interview was held: X in Person <input type="checkbox"/> Phone (Name & Title)		
Committee Members Present: Anita Tesh, Kevyn Immerman, Patti Liegl		Report Completed by: Patti Liegl
Number of Residents who received personal visits from committee members: 6 residents		
Resident Rights Information is clearly visible: X Yes		Ombudsman Contact Info. is correct and clearly posted: x Yes
The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) 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 were clean and well groomed. One resident in memory care with a soiled shirt following dinner was quickly seen with a different, clean shirt.
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	Assistance with bed linens being changed and good care were observed.
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	Residents interacting with staff, and each other. Much activity in progress during our visit.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	An employee was very patient and respectful with an agitated resident 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?	N/A	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	One resident stated "The food is not fancy but I don't need fancy."
9. Did you notice unpleasant odors in commonly used areas?	No	Facility clean & in good repair. No odors. One resident noted "The maintenance is excellent."
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	No	
12. Does the facility accommodate smokers? Where? Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	N/A	
13. Were residents able to reach their call bells with ease?	Yes	Only 2 call bells were heard the last 10 mins. as CAC members were exiting.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes N/A	Call bell response time is monitored centrally. Staff wear pagers.
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	The April activity calendar in the Memory Care Unit listed activities in terms of focus; ie. emotional, spiritual, etc.
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	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	The daily menu was observed.
18. Do residents have privacy in making and receiving phone calls?	Yes	If the resident does not have a cell phone, they are offered a portable phone for privacy.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	An Easter egg hunt was held for local preschool/daycare children earlier in the day.

20. Does the facility have a Resident's Council? Family Council?	Yes	
<b>Areas of Concern</b>	<b>Yes/No/NA</b>	<b>Exit Summary</b>
<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 areas of concern were noted on this visit.</p>	No	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.