

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 6 beds	Facility Name/Address: Livewell on 11476 Club Drive 11476 Club Drive Chapel Hill NC 27517 Governor's Club
Visit Date: 4/14/23	Time spent in facility: 15 minutes	Arrival time: 5:20 pm
Name of person exit interview was held with: Interview was held: Dorothea Jefferson X in Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin. Dorothea Jefferson SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title)		
Committee Members Present: Anita Tesh, Patti Liegl		Report Completed by: Patti Liegl
Number of Residents who received personal visits from committee members: 3 residents		
Resident Rights Information is clearly visible: x Yes <input type="checkbox"/> No	Ombudsman Contact Info is correct and clearly posted: x 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	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 well-groomed and neatly dressed
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>	See note	Most of the residents were unable to answer questions.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Residents were receiving respectful and patient encouragement. Facility was well staffed and a friend of the family caregiver was present as well.
4. Were residents interacting with staff, other residents & visitors?	Yes	Residents were smiling and pleasant with staff & CAC visitors.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Staff knew individual residents' needs, communication styles & preferences, and responded appropriately. One family provides food which staff prepares for the resident.
6. Did you observe restraints in use?	No	A chair seat belt was observed.
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?	See note	While the residents were engaging, most of them were unable to engage in dialogue. The residents appeared to be happy and peaceful.
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	No	The facility was in good repair, and quiet. The TV was on a low volume.
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	None of the residents smoke.
13. Were residents able to reach their call bells with ease?	See note	This is a small house, with bedrooms off a central living room. Call bells are not used. Residents can call for help- easily heard.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	See note N/A	Staff observed being very 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?	See note	Activity calendar posted. Staff demonstrated familiarity with residents' preferences, even when residents were unable to state these verbally. One resident likes to go outside for strolls along the sidewalk.

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?	See note See note	Purchases made for residents and added to bills or POAs arrange purchases.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Meals are prepared for residents based upon their diets & preferences. As previously noted, staff also prepares special food items for a specific resident.
18. Do residents have privacy in making and receiving phone calls?	Yes	While some residents may not be able to make phone calls independently, others who can have the privacy of their bedroom suites.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	One resident's family takes the resident to private physical therapy appointments as well as out to dinner frequently.
20. Does the facility have a Resident's Council? Family Council?	No See note	No specific family council, but family members are very involved and visit often.

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>Note: This is a well-furnished and designed small house that was designed to be safe for seniors with mobility and/or cognitive challenges. The facility does not use call bells because all residents are always within easy hearing range of staff, and staff round regularly. (Note, the Livewell at 11472 Club Drive is very close by. Both homes have similar layout and staffing, but are separately licensed.)</p>	No	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit

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.