

## Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input checked="" type="checkbox"/> <b>Assisted Living 40 bed</b> <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Combination Home	Facility Name/Address: Pittsboro Christian Village 1825 East Street Pittsboro, NC 27312
Visit Date: 4 / 27/ 2023	Time spent in facility: 30 min	Arrival time: 2:10 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of person exit interview was held with: Gerald Baker X Admin. <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) Gerald Baker, Executive Director
Committee Members Present: Anita Tesh, Kevyn Immermann		Report Completed by: Kevyn Immermann
Number of Residents who received personal visits from committee members: 3 residents, 1 family member		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) They had a book of surveys in front lobby although it is not required for AL		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 & well groomed. Staff member was very patiently helping a woman confused about her car not being available to her. He was very thoughtful with his responses to her.
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	
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	All residents we spoke with and came across stated they were very happy and were receptive to seeing us.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Family member states that staff are "wonderful" with her mother, who has dementia. Also reports that staff have helped her family tremendously in learning to interact effectively with her mom.
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	Resident spoken with has been there for years and loves it as she has everything she needs. This facility strives for a "family-like" atmosphere, and this was attested to by the fact that some of the residents of Independent Living visit across and help out at Assisted Living, other facility apartments and homes.
9. Did you notice unpleasant odors in commonly used areas?	No	Facility was spotlessly clean both in rooms and throughout the entire facility.
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	NA	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	The entire campus is smoke free
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?	NA N/A	Staff has pagers that they respond to quickly when a call bell activates

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?	N/A	There was an activity (movie) in progress. The activity room is home like.
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	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 NA	Food choices evident from posted menu. Everyone dines in same large dining room.

18. Do residents have privacy in making and receiving phone calls?	Yes	Phones are in each resident room & staff knock before entering.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a Resident's Council? Family Council?	Yes No	Happens monthly via email.
<b>Areas of Concern</b>	<b>Yes/No/NA</b>	<b>Exit Summary</b>
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  No concerns	No	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit  No concerns noted by CAC. On exit we shared our positive observations with the Administrator.

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.