

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: 11 /29/2022	Time spent in facility: 21 minutes	Arrival time: 2:09 am X pm
Name of person exit interview was held with: Interview was held: Nicole MacLean X in Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin. X SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title) Nicole MacLean, House Manager		
Committee Members Present: Patti Liegl, Kevyn Immermann		Report Completed by: Kevyn Immermann
Number of Residents who received personal visits from committee members: 1 resident		
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 well groomed, neatly dressed Residents observed by CAC committee receiving care such as help with moving, being taken to bathroom, and being seated. Most of the residents were unable to answer questions. Residents receiving respectful and patient encouragement With staff & CAC visitors. Staff knew individual residents' needs, communication styles & preferences, and responded appropriately.
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	
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	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	
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?	See note	Most of the residents were unable to answer questions. One resident was positive about the facility, but provided other answers that indicated confusion about events, time & place.
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	No	The facility was home-like, neat, in good repair, and quiet. None of the residents smoke.
11. Did residents feel their living areas were too noisy?	No	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	
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. Staff observed being very attentive and courteous to residents.
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	
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. Purchases made for residents and added to bills or POAs arrange purchases.
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	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Meals individually prepared for residents based upon their diets & preferences. Residents did not appear capable of making phone calls independently.
18. Do residents have privacy in making and receiving phone calls?	Not assessed	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Not assessed	A small dog was present in the facility but not observed interacting with residents. No specific family council, but family members are very involved and visit often.
20. Does the facility have a Resident's Council? Family Council?	No See note	

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	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>The House Manager also confirmed that the staff at this facility are available to assist the staff at Livewell on 11472 Club Drive.</p>

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.