

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 11472 Club Drive 11472 Club Drive Chapel Hill NC 27517 Governor's Club
Visit Date: 11 /29 /2022	Time spent in facility: 25 min	Arrival time 1:40 pm
Name of person exit interview was held with: Interview was held: Barbara Scott X in Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) X Other Staff Rep. (Name & Title) Barbara Scott, day shift med tech & caregiver		

Committee Members Present: Kevyn Immerman, Patti Liegl	Report Completed by: Patti Liegl
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Number of Residents who received personal visits from committee members: 4 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 clean & very neatly groomed Encouragement for ambulating was observed. Assists with restroom visits were observed for all after lunch. With staff & CAC visitors. Staff members was very attentive to residents' needs.
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	
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?	Yes	Facility is a small house, clean, well maintained and safe. One resident showed CAC visitors her bedroom suite. Facility was pleasant both visually & in smell. Facility well maintained House was very quiet, calm, and orderly. None of the residents smoke. This is a small house, with bedrooms off central living room. Call bells are not used. If residents were to call for help, they could be easily heard. At time of CAC visit, all residents were in the common area for those being helped in their restrooms. Staff observed being very attentive and respectful to residents.
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	
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	
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?	Not assessed	Purchases made for residents and added to their bills or POA arranges purchases. Meals individually prepared based upon diet & resident preferences. Several of the residents did not appear capable of placing phone calls independently. Residents not able to address this question No specific family council, but family members involved regularly
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	
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	
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>None. This was a well maintained, well-furnished and designed small house that was appointed to be safe for seniors with mobility and/or cognitive challenges. Facility does not use call bells because all residents are within easy hearing range of staff at all times, and staff round regularly.</p> <p>(Note, the Livewell at 11476 Club Drive is very close by. Both homes have similar layout and staffing, but are separately licensed.)</p>	<p>No</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>No areas of concern noted.</p> <p>(Note: the House Manager at 11476 concurred that staff from the 2 facilities help each other as needed.)</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.