

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: 12 / 1 / 2022	Time spent in facility: 0hr45min	Arrival time: 9:55 x <input type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep.		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title) Laquesha Lang, Office Manager.
Committee Members Present: Anita Tesh, Patti Liegl		Report Completed by: Anita Tesh
Number of Residents who received personal visits from committee members: 6 residents, 1 family member, 1 resident's friend, 3 employees		
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 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, well groomed & odor-free.. Residents & family with whom we spoke said that they receive good care, except one resident who said he had to make his own bed on the day of the visit & that he didn't receive clean linens every week as expected.
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?	N/A	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	Facility clean & in good repair. No odors.
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? 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	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes N/A	One resident was observed with call bell out of reach, but family member was with her & stated they planned to move her back to a chair by the call bell before they left. 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?	NA	No addressed during this visit.
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	
18. Do residents have privacy in making and receiving phone calls?	Not asked	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	N/A	

20. Does the facility have a Resident's Council? Family Council?	Not asked this visit	
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>One resident, who was willing to be identified, stated that no one came to make his bed on the day of the visit, and that he hadn't been receiving clean linens every week as expected.</p>	Yes	<p>On exit interview, staff member made a note of the issue with bed linens. She stated that they were short staffed in that area, and were attempting to hire more staff.</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.