

Community Advisory Committee Quarterly/Annual Visitation Report

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| 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 95 bed ACH | Facility Name/Address: Carolina Meadows: Fairways 700 Carolina Meadows Chapel Hill NC 27517 |
| Visit Date: 11/ 29/2022 | Time spent in facility: 59 mins. | Arrival time: 10:17 am |
| Name of person exit interview was held with: Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge). <input type="checkbox"/> Other Staff Rep. Denise Moody, Life Services Manager | | |
| Committee Members Present: Kevyn Immermann, Patti Liegl | | Report Completed by: Patti Liegl |

Number of Residents who received personal visits from committee members: 4 residents

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| 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 <i>(Required for Nursing Homes Only)</i> N/A | Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No N/A |

| Resident Profile | Yes/No/NA | Comments/Other Observations |
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| 1. Do the residents appear neat, clean and odor free? | Yes | Residents clean, neat & well groomed Residents pleased with the care received at facility. Residents we observed did not appear to need help with their care at this time. We did not observe any residents who had difficulty communicating. Staff were observed addressing residents respectfully. |
| 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? | No | |
| 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? | n/a | |
| 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 |
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| 8. Did residents describe their living environment as homelike? | Yes | Residents stated very pleased with facility. Pets are allowed. |
| 9. Did you notice unpleasant odors in commonly used areas? | No | |
| 10. Did you see items that could cause harm or be hazardous? | No | Facility clean & in good repair, common areas uncrowded. |
| 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 | NA | No residents are smokers per Ms. Moody. |
| 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? | Yes 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? | Yes | Daily activities fliers (in color) were posted in multiple places, even in the elevator. Activities have been adjusted to suit multiple needs. |
| 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 | Multiple options for meal choices. |
| 18. Do residents have privacy in making and receiving phone calls? | Yes | |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | Yes | One resident, new to the facility as of 3 months, stated he was playing tennis later in the day. He, like others, regularly interacts with people in the community. A 5-year resident currently has PT services come on site for therapy. Resident's Council meets monthly. In-person care plans meet when applicable. |
| 20. Does the facility have a Resident's Council? Family Council? | Yes See note | |

| Areas of Concern | Yes/No/NA | Exit Summary |
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| Are there resident issues or topics that need follow-up or review at a later time or during the next visit? | No | Discuss items from "Areas of Concern" Section as well as any changes observed during the visit |