

Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home X 90 bed Adult Assisted Living	Facility Name/Address: Cambridge Hills 140 Brookstone Ln, Pittsboro, NC 27312
Visit Date: 12/08 /2 022	Time spent in facility: 90 minutes	Arrival time: 10:10 AM
Name of person exit interview was held with: <input type="checkbox"/> Admin. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) Other Staff Rep. (Name & Title) Mike Walters, Executive Director		Interview was held: X in Person <input type="checkbox"/> Phone
Committee Members Present: Anita Tesh and Patti Liegl		Report Completed by: Patti Liegl
Number of Residents who received personal visits from committee members: 7 residents, 1 family member 2 employees		
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 Assisted Living		Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No N/A Assisted Living

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents were well groomed and clean.
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	Residents we spoke with were positive about care they receive.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Staff assisting residents with walking, other care.
4. Were residents interacting with staff, other residents & visitors?	Yes	Residents observed interacting cheerfully with each other, visitors & staff.
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	All residents we interviewed said they were pleased with facility, food, treatment by staff
9. Did you notice unpleasant odors in commonly used areas?	No	Facility was clean, orderly & odor-free.
10. Did you see items that could cause harm or be hazardous?	No	Staff positive about having the equipment they need to provide good care. Med carts were secured in nursing stations.
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	Non- smoking policy, which includes staff
13. Were residents able to reach their call bells with ease?	Yes	Staff member in memory care was very responsive to a knocking noise. A resident's walker was caught on a chair, making the knocking noise.
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 call bell was noted and answered within 3 minutes during our visit.

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	Activity Calendar posted and showed a variety of activities. No activities were observed as today was the first day off isolation from a COVID outbreak.
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	Executive Director oversees resident funds. Cash can be kept by residents as well.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Meals were posted with an alternate available. Residents remain positive about the food, happy to be using the dining room again. Snacks were distributed following a Christmas song video.
18. Do residents have privacy in making and receiving phone calls?	Yes	Residents are in private or semi-private rooms, with phones. Staff observed to knock before entering rooms.

19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Musicians visit regularly, clergy is encouraged to continue visits.
20. Does the facility have a Resident's Council?	Yes	Remains active, led by the Community Relations Director.
21. Family Council?	Yes	Angela, Communication Relations Director, leads a family group which is open to all in the community.
Areas of Concern	Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? No concerns noted.	None	All residents who we talked to were very comfortable with the care and the facility. Staff we talked to were positive about their ability to provide good care. Cambridge Hills has maintained a mask mandate, recently switching to N95. The facility invites OSAH annually for training.

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.