

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"/> Adult Care Home <input checked="" type="checkbox"/> Combination Home 40 bed SNF; 51 ACH	Facility Name/Address: The Arbor 3000 Galloway Ridge Rd Pittsboro, NC 27312
Visit Date: 12/01 /2022	Time spent in facility: 50 min	Arrival time: 11:00 am
Name of person exit interview was held with: Interview was held: Dianne Armstrong X in Person <input type="checkbox"/> Phone . <input type="checkbox"/> Admin X SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title) Dianne Armstrong, Director of Arbor Operations		
Committee Members Present: Anita Tesh, Patti Liegl		Report Completed by: Patti Liegl
Number of Residents who received personal visits from committee members: 3 residents		
Resident Rights Information is clearly visible: x Yes		Ombudsman Contact Info is correct and clearly posted: x Yes
The most recent survey was readily accessible: x Yes (Required for Nursing Homes Only)		Staffing information clearly posted: x Yes
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents were clean, well dressed and groomed.
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 said they were happy to be at The Arbor and received great care.
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	Residents were engaged in a Christmas movie in the Memory Care Unit. Staff were very attentive to their needs.
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	Residents complimentary of facility and staff.
9. Did you notice unpleasant odors in commonly used areas?	No	Facility clean, odor free & well maintained
10. Did you see items that could cause harm or be hazardous?	No	Med & treatment carts locked.
11. Did residents feel their living areas were too noisy?	No	Facility quiet & calm during this visit, including memory care unit.
12. Does the facility accommodate smokers? Where? X Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Yes/ See note	Campus has been smoke-free for ~1.5 yrs. And does not admit new residents who smoke.
13. Were residents able to reach their call bells with ease?	Yes	Has both pager & call bell system
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes N/A	No call bells observed in use. Staff very responsive to residents.
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	Wide range of activity options available.
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?	Not assessed this visit	No residents' complaints in this area
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Menu options posted. Multiple options for dining, including own room & several dining rooms.
18. Do residents have privacy in making and receiving phone calls?	Not assessed	Not assessed on this visit. No resident complaints in this area.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Yes as noted on activity calendar.

20. Does the facility have a Resident's Council? Family Council?	Yes See note	Have Resident's Council. Not addressed on 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>Staff continue to wear masks at The Arbor even though CDC Guidelines no longer require it.</p>	No	<p>No "Areas of Concern" were noted during the visit.</p> <p>Ms. Armstrong indicated she has continued to reinforce the facility's mask guidelines for consistency and to ensure residents and staff safety during the flu season.</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.