

## Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input checked="" type="checkbox"/> <b>Assisted Living 40 bed</b> <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Combination Home	Facility Name/Address: Pittsboro Christian Village 1825 East Street Pittsboro, NC 27312
Visit Date: 1 / 12 / 2023	Time spent in facility: hr 55 min	Arrival time: 2:35 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of person exit interview was held with: Gerald Baker <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone <i>(Name &amp; Title)</i> Gerald Baker, Executive Director
Committee Members Present: Anita Tesh, Patti Liegl, Kevyn Immermann		Report Completed by: Kevyn Immermann
Number of Residents who received personal visits from committee members: 2 residents		
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
1. Do the residents appear neat, clean and odor free?	Yes	Residents were clean & well 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	
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	All residents we spoke with and came across stated they were very happy and were receptive to seeing us.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	NA	Not specifically observed during this visit.
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?	NA	See note below
9. Did you notice unpleasant odors in commonly used areas?	No	Facility was spotlessly clean both in rooms and throughout the entire facility.
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	NA	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	The entire campus is smoke free
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	NA N/A	Staff has pagers that they respond to quickly when a call bell activates
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?	N/A	We saw an activity that was in progress. Residents there were enjoying it.
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?	NA	Not addressed during this visit
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes NA	Food choices evident from posted menu. Everyone dines in same large dining room.
18. Do residents have privacy in making and receiving phone calls?	Yes	Phones are in each resident room & staff knock before entering.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Administrator reports that dining, scheduled activities, and spontaneous activities such as card games include both residents in both independent and assisted living. Outside groups also involved, per activity calendar.

<p>20. Does the facility have a Resident's Council? Family Council?</p>	<p>Yes No</p>	<p>Happens monthly via email.</p>
<p><b>Areas of Concern</b></p>	<p><b>Yes/No/NA</b></p>	<p><b>Exit Summary</b></p>
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>This facility strives for a "family-like" atmosphere, and this was attested to by the fact that some of the residents of Independent Living have volunteered to help out at the other facility apartments and homes.</p>	<p>No</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>No concerns noted by CAC</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.