

Community Advisory Committee Quarterly/Annual Visitation Report

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: 1/ 24/2023	Time spent in facility: 30 mins.	Arrival time: 1:10 pm
Name of person exit interview was held with: Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin. <input checked="" type="checkbox"/> SIC (Supervisor in Charge). <input type="checkbox"/> Other Staff Rep. Myra Boran, Nurse Manager		
Committee Members Present: Kevyn Immermann, Anita Tesh		Report Completed by: Anita Tesh

Number of Residents who received personal visits from committee members: 4 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 clean, neat & 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	Residents with whom we spoke were pleased with the care received at facility.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	PT in progress, beauty shop on operation.
4. Were residents interacting with staff, other residents & visitors?	Yes	Cheerful, respectful interactions observed
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	n/a	We did not observe any residents who had difficulty communicating with staff. Staff were observed addressing residents respectfully.
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 with whom we spoke stated they were very pleased with facility.
9. Did you notice unpleasant odors in commonly used areas?	No	Facility clean and in excellent repair.
10. Did you see items that could cause harm or be hazardous?	No	Facility clean & in good repair, common areas uncrowded. Presently masks required throughout.
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	No residents are smokers.
13. Were residents able to reach their call bells with ease?	See note	Pagers used rather than call bells.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes N/A	Staff attentive and courteous 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	Daily activities fliers were posted in multiple places.. Staff report that activities have been recently adjusted based on resident input..
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	Purchases are made for residents and added to their bills. Residents can also keep small amounts of cash.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes No	Multiple options for meal choices. Currently dining is in rooms because of Covid cases in facility.
18. Do residents have privacy in making and receiving phone calls?	Yes	Phones in rooms; staff knock before entering.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Per activity calendar. Some activities currently suspended due to active Covid cases.

20. Does the facility have a Resident's Council? Family Council?	Yes No	Resident's Council meets monthly. In-person care plans meet when applicable.
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>Opportunities to speak with residents were limited because the facility had several active Covid cases during our visit- most residents' room doors were closed and few were in common areas. Currently there is no central dining, many activities are suspended, and masks are required throughout (except for residents when they are in their own rooms.)</p> <p>Dining is in residents' rooms, and a few trays were noted to be on floor right outside rooms, raising questions about potential trip hazard.</p>	No	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>Nurse Manager reports that trays only stay in hall outside doors very briefly, and have not posed any trip hazards.</p> <p>Nurse manager reports that activities were recently updated based in part upon input from residents.</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.