

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: 2/07/2023	Time spent in facility: 80 minutes	Arrival time: 9:58 AM
Name of person exit interview was held with: X Admin. SIC (Supervisor in Charge) Other Staff Rep. (Name & Title) Mike Walters, Executive Director & Lisa Ridge, Health Care Director		Interview was held: X in Person <input type="checkbox"/> Phone
Committee Members Present: Kevyn Immerman and Patti Liegl		Report Completed by: Patti Liegl
Number of Residents who received personal visits from committee members: 7 residents, 1 family member, 4 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. Residents we spoke with were very positive about the care they receive. Residents observed interacting cheerfully with each other & staff. One resident was interested in continuing a conversation with a CAC member held in December. Staff was very attuned to residents' needs in the memory care unit.
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	
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 were pleased with their care and meals provided. Facility was clean, orderly & odor-free. Med carts were secured in nursing stations. Non- smoking policy, which includes staff. One call bell was noted and answered within 1 minute during our visit.
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	No	
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	
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	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	An Activity Calendar was posted and showed a variety of activities. A game in progress was observed in one of the activity rooms, one of the activity directors collected more materials for the next activity. Executive Director oversees resident funds. Cash can be kept by residents as well.
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	Meals were posted with an alternate available. An illustrated menu was observed on this visit. Residents remain positive about the food. Snacks were being distributed.
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	

<p>20. Does the facility have a Resident's Council?</p> <p>21. Family Council?</p>	<p>Yes</p> <p>Yes</p>	
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>No concerns noted.</p>	<p>None</p>	<p>Positive observations shared with administrator on exit interview.</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.