

## 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"/> <b>Combination Home</b> <span style="font-weight: bold;">40 bed SNF; 51 ACH</span>	Facility Name/Address: The Arbor 3000 Galloway Ridge Rd Pittsboro, NC 27312
Visit Date: 1/27/2023	Time spent in facility: 65 min	Arrival time: 2:25pm
Name of person exit interview was held with: Interview was held: Dianne Armstrong <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.    (Name & Title) Dianne Armstrong, Director of Arbor Operations		
Committee Members Present: Anita Tesh, Patti Liegl, Kevyn Immerman		Report Completed by: Anita Tesh
Number of Residents who received personal visits from committee members: 3 residents 2 employees		
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 very positive about the care they receive, indicate that they get the help they need when they need it.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	This was particularly evident in the Memory Care unit, where staff were very attentive to residents' needs and personal preferences.
4. Were residents interacting with staff, other residents & visitors?	Yes	Many residents were napping after lunch, but residents observed in a meditation room activity, and interacting 1:1 with activity director for skilled nursing. Residents in memory care were engaged in several activities, facilitated by staff and their separate activity director.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	This was particularly evident in Memory Care, where staff knew and responded to individual residents' personalities and preferences.
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 very positive about 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. Maintenance (painting) was underway in common areas in Memory care unit, but conducted in a way that did not disrupt or distress residents.
12. Does the facility accommodate smokers? Where? <input checked="" type="checkbox"/> 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?	Yes Yes	Most purchases placed on residents' accounts, but some 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 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?	Yes	Phones in rooms, and some residents have cell phones. Staff knock before entering rooms.
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 No	Have Resident's Council. Director indicates that exploring interest in a Family Council is one of her goals for the year.
<b>Areas of Concern</b>	<b>Yes/No/NA</b>	<b>Exit Summary</b>
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  None noted.	No	No "Areas of Concern" were noted during the visit.  No concerns. Director's goals for the year, including exploration of Family Council, discussed.

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.