

## 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 /10 /2 020	Time spent in facility: 45 min	Arrival time: am <input checked="" type="checkbox"/> pm 1:10 pm
Name of person exit interview was held with: Interview was held: Dawn Riley      X in Person <input type="checkbox"/> Phone		
Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. x    (Name & Title) Dawn Riley, DON		
Committee Members Present: Cecil Wilson, Martha Curie		Report Completed by: Cecil Wilson
Number of Residents who received personal visits from committee members: 7 residents		
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: x Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information clearly posted: x Yes <input type="checkbox"/> No

Resident Profile	Yes/No/NA	Comments/Other Observations	
1. Do the residents appear neat, clean and odor free?	Yes	Residents 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		
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 engaged with staff, each other, visitors, and in activities.
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, food, staff.	
9. Did you notice unpleasant odors in commonly used areas?	No		
10. Did you see items that could cause harm or be hazardous?	No	Facility clean, odor free & very well maintained Med & treatment carts locked.	
11. Did residents feel their living areas were too noisy?	No		
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 no longer admits new residents who smoke.	
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?	Yes N/A		
	Yes		
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	Some residents have & control own funds. Others have purchases made for them and added to their monthly bills.	
	Yes		
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. There are multiple options for dining, including own room & several dining rooms.	
18. Do residents have privacy in making and receiving phone calls?	Yes	Yes as noted on activity calendar.	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes		
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	

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  None	No	No "Areas of Concern" were noted during the visit.
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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.