County: Chatham Facility Type: Facility Arms/Address: The Arbor The Arbor The Arbor Adult Care Home X Combination Home Pittsboro, NC 27312 Visit Date: 1 /10 /2 020 Time spent in facility: 45 min Arrival time: am Name of person exit interview was held with: Interview was held: Dawn Riley X in Person Phone Admin. SIC (Supervisor in Charge) Other Staff Rep. x (Name & Title) Dawn Riley, DON Committee Members Present: Cecil Wilson Number of Residents who received personal visits from committee members: 7 residents Report Completed by: Cecil Wilson Number of Resident Rights Information is clearly visible: X yes No Ombudsman Contact Info is correct and clearly posted: x Yes No Resident Profile Yes/No/NA Comments/Other Observations 1. D the residents appear neat, clean and odor free? Yes Residents well dressed and groomed. 2. Did residents appear neat, clean and odor free? Yes Residents well dressed and groomed. 3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes Residents engaged with staff, each other, visitors, and in activities. </th
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1.3 Were residents able to reach their call bells with ease?
14. Did staff answer call bells in a timely & courteous manner? Yes 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 Yes Wide range of activity options available.
activities planned for them at the facility?
16. Do residents have the opportunity to purchase personal items of Yes Some residents have & control own funds.
their choice using their monthly needs funds? Others have purchases made for them and
Can residents access their monthly needs funds at their Yes added to their monthly bills.
convenience? 17. Are residents asked their preferences about meal/snack choices? Yes Menu options posted. There are multiple options
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rooms.
18. Do residents have privacy in making and receiving phone calls? Yes
19. Is there evidence of community involvement from other civic, Yes Yes as noted on activity calendar.
volunteer or religious groups?
20. Does the facility have a Resident's Council? Yes Have Resident's Council.
Family Council? See note 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?	No	No "Areas of Concern" were noted during the visit.
None		

This Document is **PUBLIC RECORD**. <u>Do not</u> identify any Resident(s) by name or inference on this form. <u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.