

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	Facility Name/Address: Cambridge Hills 140 Brookestone Lane Pittsboro, NC 273102
Visit Date: 01/10/2020	Time spent in facility: hr 35 min	Arrival time: 2:25 : <input type="checkbox"/> am X <input checked="" type="checkbox"/> pm
Name of person exit interview was held with: <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Interview was held: X <input type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title) Lisa Ridge, Healthcare Director
Committee Members Present: Cecil Wilson, Martha Curie		Report Completed by: Martha Curie
Number of Residents who received personal visits from committee members: 5		
Resident Rights Information is clearly visible: x <input type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: x <input type="checkbox"/> 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)		Staffing information clearly posted: <input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No Available, not posted

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	yes	
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?	No	
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?	NA	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	No	

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	Favorable comments from most patients. However, one patient was not happy that she had a roommate. Only one smoker – has to smoke outside. No more smokers will be admitted.
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	Yes	
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?	NA	

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	Activity calendar featured outside involvement, also therapy dog visits. Family Council is about to start next week
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	
18. Do residents have privacy in making and receiving phone calls?	NA	
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	

Areas of Concern	Yes/No/NA	Exit Summary
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit?
Residents seemed to be fairly satisfied with their living environment and the care they are receiving.

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit

This Document is **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.