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| **Community Advisory CommitteeQuarterly/Annual Visitation Report** | | | | |
| County:Chatham | Facility Type: Assisted Living  Family Care HomeNursing Home  X Adult Assisted LivingCombination Home | | Facility Name/Address:  Chatham Ridge Assisted Living  114 Polks Village Lane  Chapel Hill, NC 27517 | |
| Visit Date:1 / 10 / 2020 | Time spent in facility: 0hr35min | | Arrival time:1:40 pm       am  x pm | |
| Name of person exit interview was held with: Foyster Lawson Interview was held: X in Person  Phone  Admin. SIC (Supervisor in Charge) x Other Staff Rep.       (*Name & Title*) Foyster Lawson, Wellness Director | | | | |
| Committee Members Present: Cecil Wilson, Martha Curie | | | | Report Completed by: Cecil Wilson |
| Number of Residents who received personal visits from committee members: 6 residents, 2 family members | | | | |
| Resident Rights Information is clearly visable: xYes  No | | Ombudsman Contact Infois correct and clearly posted: x Yes  No | | |
| The most recent survey was readily accessible: Yes  No  (*Required for Nursing Homes Only*) n/a | | Staffing information clearly posted: Yes  No n/a | | |
| **Resident Profile** | | | **Yes/No/NA** | **Comments/Other Observations** |
| Do the residents appear neat, clean and odor free? | | | Yes | Residents were well groomed |
| Did residents say they receive assistance with personal care activities? *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses*? | | | Yes | Residents with whom we spoke said that they receive good care and are treated well. |
| Did you see or hear residents being encouraged to participatein their care by staff members? | | | Yes | Observed caring and appropriate interactions between residents and staff. |
| Were residents interacting with staff, other residents & visitors? | | | Yes | Residents interacting with staff, visitors, each other. |
| Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | | | Yes | Patient, respectful care observed in Horizons Neighborhood Memory Care Unit and other areas. |
| Did you observe restraints in use? | | | No |  |
| If so, did you ask staff about the facility’s restraint policies? | | | N/A |  |
| **Resident Living Accommodations** | | | **Yes/No/NA** | **Comments/Other Observations** |
| 1. Did residents describe their living environment as homelike? | | | Yes | Residents stated they were pleased with facility. |
| 1. Did you notice unpleasant odors in commonly used areas? | | | No |  |
| 1. Did you see items that could cause harm or be hazardous? | | | No | Medication & treatment carts locked. |
| 1. Did residents feel their living areas were too noisy? | | | No |  |
| 1. Does the facility accommodate smokers? Where? X Outside only  Inside only  Both Inside/Outside | | | Yes | The residents who are smokers smoke outside with assistance when needed. |
| 1. Were residents able to reach their call bells with ease? | | | Yes |  |
| 1. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff? | | | Yes  N/A | Call bell response time is monitored centrally. Staff wear pagers. |
| **Resident Services** | | | **Yes/No/NA** | **Comments/Other Observations** |
| 1. Were residents asked their preferences or opinionsabout the activities planned for them at the facility? | | | Yes | Many activities planned. Several Residents were watching a movie. |
| 1. 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 | Residents satisfied with this. |
| 1. Are residents asked their preferences about meal/snack choices?  Are they given a choice about where they prefer to dine? | | | Yes Yes | Posted menus offer options. Residents state that special food requests are accommodated within reason. |
| 1. Do residents have privacy in making and receivingphone calls? | | | Yes |  |
| 1. Is there evidence of community involvement from other civic, volunteer or religious groups? | | | Yes | As noted on Activity Calendar |
| 1. Does the facility have a Resident’s Council?  Family Council? | | | Yes  No |  |
| **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 noted | | | No | No areas of concern noted or discussed. Staff were knowledgeable of procedures. |

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.