

Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: Assisted Living <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Assisted Living <input type="checkbox"/> Combination 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 <input type="checkbox"/> x pm
Name of person exit interview was held with: Foyster Lawson Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> x Other Staff Rep.		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (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 visible: Yes No Ombudsman Contact Info is correct and clearly posted: Yes No

The most recent survey was readily accessible: Yes No Staffing information clearly posted: Yes No n/a
(Required for Nursing Homes Only) n/a

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents were well 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 with whom we spoke said that they receive good care and are treated well.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Observed caring and appropriate interactions between residents and staff.
4. Were residents interacting with staff, other residents & visitors?	Yes	Residents interacting with staff, visitors, each other.
5. 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.
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	N/A	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	Residents stated they were pleased with facility.
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	No	Medication & treatment carts locked.
11. Did residents feel their living areas were too noisy?	No	
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	The residents who are smokers smoke outside with assistance when needed.
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	Call bell response time is monitored centrally. Staff wear pagers.
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	Many activities planned. Several Residents were watching a movie.
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	Residents satisfied with this.
17. 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.
18. Do residents have privacy in making and receiving phone calls?	Yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	As noted on Activity Calendar
20. 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.
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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.