

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 Care Home	Facility Name/Address: Pittsboro Christian Village 1825 East Street Pittsboro, NC 27312
Visit Date 01/10/2020	Time spent in facility: 45 min	Arrival time: 11:45 a.m.
Name of person exit interview was held with: X Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. Gerald Baker, Admin., Joyce, DON		Interview was held: X in Person <input type="checkbox"/> Phone
Committee Members Present: Cecil Wilson Martha Curie		Report Completed by: Martha Curie

Number of Residents who received personal visits from committee members: 6

Resident Rights Information is clearly visible: Yes	Ombudsman Contact Info is correct and clearly posted: X <input type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible Yes <input type="checkbox"/> No (Required for Nursing Homes Only) NA	Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No X Not Applicable

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	All residents well groomed. No observation of personal care being done as visit done in afternoon.
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?	N/A	
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?	Yes	
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	All residents responded positively to their living conditions. No complaints about anything.
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	No	Campus is smoke free.
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	N/A	
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?	N/A	Call bells are connected electronically to pagers worn by CNA's and to Administrator's desk. Expected response time is 3 minutes. As such, we were unable to observe call bell response.
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	Yes, via meetings.
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?	N/A	Money is managed by the resident or family member. There are opportunities to shop and purchase what is needed.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes	Residents are served meals family style with a well-documented list of preferences/allergies/or Medical guidelines, which they handle discretely.
18. Do residents have privacy in making and receiving phone calls?	Yes	Facility is associated with a church on site. Multiple other churches or representatives offer activities and counseling.
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?	No	Administrator meets with the residents quarterly to discuss needs and encourages residents to discuss any issues with him at all other times.
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.

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