

Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Combination Home 40 bed SNF; 51 ACH with Memory Care Unit	Facility Name/Address: The Arbor 3000 Galloway Ridge Rd Pittsboro, NC 27312
Visit Date: 7/31/2023	Time spent in facility: 75 min	Arrival time: 5:50pm
Name of person exit interview was held with: Interview was held: Kathryn Russell <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone . <input type="checkbox"/> Admin <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title) Kathryn Russell, LPN, Charge Nurse		
Committee Members Present: Anita Tesh, Kevyn Immermann, Sigi Markworth (trainee), Patti Liegl		Report Completed by: Kevyn Immermann
Number of Residents who received personal visits from committee members: 7 residents		
Resident Rights Information is clearly visible: Yes		Ombudsman Contact Info is correct and clearly posted: Yes
The most recent survey was readily accessible: Yes (Required for Nursing Homes Only)		Staffing information clearly posted: Yes

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents were well groomed and dressed.
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 were complimentary about the care they receive.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	All staff was observed being attentive and caring with residents. A Memory Care staff member was exceptionally attentive to a resident's needs.
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?	NA	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	Residents were positive about facility and staff. The residents we spoke with were very happy with their home, care and their meals.
9. Did you notice unpleasant odors in commonly used areas?	No	Facility clean, odor free & well maintained
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	No	Facility quiet & calm during this visit.
12. Does the facility accommodate smokers? Where? Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	Campus has been smoke-free for ~1.5 yrs. and does not admit new residents who smoke.
13. Were residents able to reach their call bells with ease?	Yes	Has both pager & call bell system
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes N/A	No call bells observed in use. Staff very responsive to residents.
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 schedule was full of multiple options for residents. The Memory Care unit also had appropriate and varied activities for their residents such as kinetic and ping pong activities. There is a raised flower bed outside with gardening gloves for residents to enjoy. All residents get a multiple page newsletter that talks about different activities being offered all over Galloway Ridge.
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	Most purchases placed on residents' accounts, but some keep small amounts of cash.

17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Menu options were posted as well as special events in the near future such as an ice cream/milkshake event. There are options for dining, including the resident's room & several dining rooms.
18. Do residents have privacy in making and receiving phone calls?	Yes	Phones in rooms, and some residents have cell phones. Staff knocks before entering rooms.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Yes, as noted on activity calendar.
20. Does the facility have a Resident's Council? Family Council?	Yes Yes	Have Resident's Council. Family Council is covered via email.
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 concerns noted. Staff welcoming to CAC visitors.	No	No "Areas of Concern" were noted during the visit. Positive observations shared.

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.