Community Advisory Committee Quarterly/Annual Visitation Report						
County: Chatham	Facility Type: Family Care Home X Nursing Home 90 bed SNF Adult Care Home Combination Home		Facility Name/Address: Carolina Meadows: The Pines 100 Whippoorwill Lane Chapel Hill NC 27517			
Visit Date: 7/13/2023	Time spent in facility: 61 min		Arrival time: 4:55 pm			
Name of person exit interview was held with: Interview was held:				Person Phone		
Admin X SIC (Supervisor in Charge). Other Staff Rep. (Name & Title) Tiketha Collins, Social Worker						
Committee Members Present: Anita Tesh, Patti Liegl, and trainee Patricia R			legan	Report Completed by: Patti Liegl		
Number of Residents who received personal visits from committee members: 2 residents, 2 family members (During visit, residents were dining in their rooms due to Covid. Many had their doors shut or did not indicate interest in visits from CAC members.)						
			sman Contact Info is correct and clearly posted: X Yes			
The most recent survey was readily accessible: Yes No * (Required for Nursing Homes Only) *not observed, active COVID		Staffing i	nformation clea	rly posted: X Yes		
Resident Profile			Yes/No/NA	Comments/Other Observations		
Do the residents appear neat, clean and odor free?			Yes	Residents were in their rooms eating dinner due to 2 active COVID cases and 4 being tested.		
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?		Yes/No	One resident and accompanying family member were positive about the care received. Another resident said "They're good to me" but subsequently a family member said the resident hadn't been bathed or had gown changed in 3 days, and that the resident was eating in bed, but the rehab plan called for the resident to be up in the chair for meals. This family member also noted that the position in bed looked uncomfortable, as if the resident might choke. This family member also noted that they had been told that the resident was advanced to a regular diet, but the meal provided was clearly marked as a minced diet. This resident and family member declined to be identified, noting they would rather ask for help themselves.			
3. Did you see or he their care by staff	hear residents being encouraged to participate in taff members?		No	Residents were being served dinner in their rooms due to Covid. Staff were observed assisting some residents with meals.		
4. Were residents interacting with staff, other residents & visitors?		Yes	Residents were observed interacting with staff and family members. Covid precautions are limiting interactions between residents. One resident and accompanying family member noted that staff turnover makes it hard for staff to get to know residents.			
	nd to or interact with residents who had difficulty or making their needs known verbally?		Yes	Respectful interactions while serving meals were noted.		
6. Did you observe restraints in use?		No				
7. If so, did you ask staff about the facility's restraint policies? Resident Living Accommodations		NA Yes/No/NA	Comments/Other Observations			
	scribe their living environment as homel	ike?	Yes	Comments/Other Observations Residents in the Pines for rehab were willing to		
	-			work hard to return to their former homes.		
	pleasant odors in commonly used area		No	Facility clean and odor free.		
,	s that could cause harm or be hazardou	JS?	No	Medication cart was supervised, the hallways clear, and no safety hazards noted.		
11. Did residents feel their living areas were too noisy?			No			

12. Does the facility accommodate smokers? Where? Outside only Inside only Both Inside/Outside	No	Nonsmoking facility
13. Were residents able to reach their call bells with ease?	Yes].
14. Did staff answer call bells in a timely & courteous manner?		Staff attentive to residents.
If no, did you share this with the administrative staff?	N/A	
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 was observed but due to COVID, group activities are on hold. One activity observed under a grow light were small lemon tree plants. Each plant was identified with a residents' first name.
16. Do residents have the opportunity to purchase personal items of	Yes	Purchases are made for residents and added to
their choice using their monthly needs funds?		their bills.
Can residents access their monthly needs funds at their convenience?	Yes	
17. Are residents asked their preferences about meal/snack choices?	Yes	No menu is posted- instead residents receive a
Are they given a choice about where they prefer to dine?	Yes	weekly menu to choose their meals. If needed, the residents' family may choose and lastly, choices are computer selected.
18. Do residents have privacy in making and receiving phone calls?	Yes	Phones in rooms; staff knock before entering.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Activity calendar shows involvement
20. Does the facility have a Resident's Council?	Yes	Family council met monthly in the past. This was
Family Council?	Yes	not discussed on this visit.
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?	Yes	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
Concerns noted above regarding the resident who indicated they hadn't		Positive observations shared with the Social
been bathed, had gown changed, or been helped to the chair for dinner.		Worker, as well as concerns regarding the
2001 200100, 1100 govern origingou, or 20011 forpout to the origin for difficient		resident who hadn't been bathed, had gown
Note: As noted at the last CAC visit in April 2023, the visitor check-in kiosk		changed, or been helped to the chair for dinner.
requires that masks be pulled down for temperature check to work, but		
there was no sign explaining this. Also, the kiosk check-in procedure states		
that face shields are required for visitors, but staff present at check-in		
indicate that this continues to not be required.		

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.