

## 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 with Memory Care Unit <input type="checkbox"/> Combination Home	Facility Name/Address: Chatham Ridge Assisted Living 114 Polks Village Lane Chapel Hill, NC 27517
Visit Date: 07 / 11 / 2023	Time spent in facility: 1hr 32min	Arrival time: 4:55 pm
Name of person exit interview was held with: _____ Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone <input type="checkbox"/> Director <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title) Nevada Kearns, Med Tech		
Committee Members Present: Anita Tesh, Patti Liegl Observers in Training: Pat Regan, Sigi Markworth		Report Completed by: Anita Tesh
Number of Residents who received personal visits from committee members: 5 residents, 1 family member, 1 community volunteer		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes		Ombudsman Contact Info. is correct and clearly posted: <input checked="" type="checkbox"/> Yes
The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) n/a		Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No n/a

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents were clean, well groomed. Several females wore makeup and jewelry
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	One resident who did not wish to be identified said that staff were sometimes slow to respond when called; others reported receiving good care. One resident stated "if you want something, all you have to do is ask." Help with meals & ambulation observed.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Saw residents in Memory Care being encouraged to participate in group dining.
4. Were residents interacting with staff, other residents & visitors?	Yes	Residents interacting with staff, & each other, particularly over meal. After meal, residents seen chatting with each other cheerfully.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Employees noted to be patient, kind and cheerful when interacting with residents in Memory Care.
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	Family member stated that lots of improvements have been made "in the last year or so." One resident stated that she would prefer to be in independent living, but if she can't be then this is a good place to be.
9. Did you notice unpleasant odors in commonly used areas?	No	Facility clean & in good repair. No odors.
10. Did you see items that could cause harm or be hazardous?	No	Medicine carts secured when unattended.
11. Did residents feel their living areas were too noisy?	No	
12. Does the facility accommodate smokers? Where? Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	N/A	Not addressed on this visit.
13. Were residents able to reach their call bells with ease?	Yes	Only 1 call bell was noted to be in use when CAC members were visiting.
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?	NA	Not asked of residents. The activity calendar lists a variety of activities. One resident reported that she attends church regularly, which she enjoys.
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?	NA NA	Not asked directly on this visit, but no resident complaints in this area.

17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	The daily menu was observed. One resident stated that food was not good, others said "sometimes good, sometimes not so good."
18. Do residents have privacy in making and receiving phone calls?	Yes	Many residents have cell phones.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Music program was concluding when we arrived. Activity calendar and activity room show evidence of numerous activities.
20. Does the facility have a Resident's Council? Family Council?	NA	Not addressed on this visit.
<b>Areas of Concern</b>	<b>Yes/No/NA</b>	<b>Exit Summary</b>
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>One resident said food was not good, and others said that it was "sometimes good, sometimes not."</p>	Yes	<p>Positive observations shared on exit interview. Residents' observations on quality of food shared on exit interview; SIC reported that there had recently been some temporary staffing changes in the dietary department.</p>

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.