

Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Combination Home 6 beds	Facility Name/Address: Livewell on 11472 Club Drive 11472 Club Drive Chapel Hill NC 27517 Governor's Club
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Visit Date: 7/13/23	Time spent in facility: 26 min	Arrival time 3:52 pm
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Name of person exit interview was held with: Interview was held: Tishura Dell X in Person Phone

. Admin. SIC (Supervisor in Charge) X Other Staff Rep. (Name & Title) Tishura Dell, PCA & Med Tech

Committee Members Present: Anita Tesh, Patti Liegl, Kevyn Immermann, Pat Regan (trainee)	Report Completed by: Anita Tesh
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Number of Residents who received personal visits from committee members: 3 residents

Resident Rights Information is clearly visible: x Yes <input type="checkbox"/> No	Ombudsman Contact Info is correct and clearly posted: x Yes <input type="checkbox"/> No
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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
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Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	The residents were clean & neatly 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>	See Note	Residents were not able to answer this question directly, but they appear happy and content in their home, well dressed. Residents interacted with staff and CAC visitors. Staff were very aware of and attentive to their residents' needs, several of whom had various difficulties in communicating.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
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	Facility is a small house; clean, well maintained and safe. One resident described it as her home; others unable to answer this question directly.
9. Did you notice unpleasant odors in commonly used areas?	No	The only odor noted was a pleasant aroma of food preparation.
10. Did you see items that could cause harm or be hazardous?	Yes	On the back deck, a supply cabinet which contained items such as drain cleaner was unlocked. (Note: on prior visits, staff have explained that residents do not spend time unaccompanied on this deck.)
11. Did residents feel their living areas were too noisy?	No	The TV was on a low volume in the living area.
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	None of the residents smoke.
13. Were residents able to reach their call bells with ease?	See note	This is a small house, with bedrooms off a central living room. Call bells are not used. If residents were to call for help, they could be easily heard.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	See note N/A	Staff observed being very attentive and respectful 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?	Not assessed	If a resident wants to go outside onto the deck, staff monitors them. One resident indicated that she greatly enjoyed the deck. Others could not respond directly to this question.

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?	See note See note	Purchases made for residents and added to their bills or POA arranges purchases.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Meals individually prepared based upon diet & resident preferences. Family assists in selection.
18. Do residents have privacy in making and receiving phone calls?	Yes	Residents have private bedroom suites.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Not assessed	
20. Does the facility have a Resident's Council? Family Council?	No See note	No specific family council, but family members are included in planning regularly.

Areas of Concern	Yes/No/NA	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Unlocked storage cabinet on back deck.</p> <p>Note: This was a well maintained, well-furnished and designed small house that was appointed to be safe for seniors with mobility and/or cognitive challenges. Facility does not use call bells because all residents are within easy hearing range of staff at all times, and staff round regularly. Meals and activities are tailored to individual residents' preferences, with family input. Although ownership of the facility recently changed, staff report that direct care staff have not changed, nor have policies and practices regarding individualization of resident care.</p> <p>(Note, the Livewell at 11476 Club Drive is very close by. Both homes have similar layout and staffing, but are separately licensed.)</p>	Yes	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p>The unlocked storage cabinet on back deck reported to SIC, who immediately locked it. SIC reports maintenance had used items from the cabinet earlier in the day.</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.