Community Advisory Committee Quarterly/Annual Visitation Report					
County: Chatham			/Address: Livewell on 1147 6 Club Drive		
	Family Care Home Nursing Home X Adult Care Home Combination Home 6 beds	11476 Club D Chapel Hill NO			
		Arrival time:	Arrival time: 4:26 pm		
Name of person exit interview was held with: Interview was held: Dorothea Jefferson X in Person Phone					
. 🔲 Admin. X SIC (Supervisor in Charge) 🔲 Other Staff Rep.		(Name & T	itle) Dorothea Jefferson , Care Manager		
Committee Members Present: Anita Tesh, Patti Liegl, Kevyn Immermann, Pat Regan (trainee)			Report Completed by: Anita Tesh		
	received personal visits from committee member				
Resident Rights Information		man Contact In information clea	fo is correct and clearly posted: x Yes No		
(Required for Nursing Hon					
Resident Profile		Yes/No/NA	Comments/Other Observations		
1. Do the residents	appear neat, clean and odor free?	Yes	Residents were well-groomed and neatly dressed		
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?		See note	Several of the residents were unable to answer questions. Their grooming and good condition attest to the assistance they receive.		
 Did you see or he their care by staff 	ear residents being encouraged to participate in members?	Yes	Residents were receiving respectful and patient care and encouragement.		
4. Were residents i	nteracting with staff, other residents & visitors?	Yes	Residents were interacting with staff, CAC and visitor.		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?		Yes	Several residents have difficulty communicating. Staff know individual residents' needs, communication styles & preferences, and responded appropriately.		
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 des	cribe their living environment as homelike?	See note	Most of the residents were unable to answer this question directly, but they appeared calm and content.		
9. Did you notice un	pleasant odors in commonly used areas?	No	Only a pleasant aroma of cooking food was noted.		
10. Did you see items that could cause harm or be hazardous?		No	_		
	their living areas were too noisy?	No No	The facility was in good repair, and quiet.		
	12. Does the facility accommodate smokers? Where? Outside only Inside only Both Inside/Outside		None of the residents smoke.		
	ble 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. Any residents request for help can be easily heard.		
	call bells in a timely & courteous manner? re this with the administrative staff?	See note N/A	Staff observed being very attentive and courteous to residents.		
Resident Services		Yes/No/NA	Comments/Other Observations		
15. Were residents a	sked their preferences or opinions about the for them at the facility?	See note	Activity calendar posted. Staff demonstrated familiarity with residents' preferences, even when residents were unable to state these verbally.		
their choice using	e the opportunity to purchase personal items of their monthly needs funds? cess their monthly needs funds at their	See note See note	Purchases made for residents and added to bills or POAs arrange purchases.		
17. Are residents ask	ed their preferences about meal/snack choices? choice about where they prefer to dine?	Yes Yes	Meals are prepared for residents based upon their diets & preferences.		

18. Do residents have privacy in making and receiving phone calls?	Yes	While some residents may not be able to make phone calls independently, others have the privacy of their bedroom suites.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	NA	Not addressed on this visit.
20. Does the facility have a Resident's Council? Family Council?	No See note	No specific family council, but family members are very involved and visit often.

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	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit
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.		
have similar layout and staffing, but are separately licensed.)		

This Document is **PUBLIC RECORD**. <u>Do not</u> identify any Resident(s) by name or inference on this form. <u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.