

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 at Galloway Ridge 300 Clynelish Close Pittsboro, NC 27312
Visit Date: 10/12/2023	Time spent in facility: 67min	Arrival time: 10:05 am
Name of person exit interview was held with: Interview was held: Lisa Merchant <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) Lisa Merchant Clinical Care Coordinator		
Committee Members Present: Pat Regan & Patti Liegl		Report Completed by: Patti Liegl
Number of Residents who received personal visits from committee members: 6 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. A new resident was especially complimentary about the care he and his wife receive.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Staff was observed being attentive and caring with residents.
4. Were residents interacting with staff, other residents & visitors?	Yes	Beds were being replaced during the visit. Residents were interacting with each other in the hall while waiting for their rooms to be put back together.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Multiple staff were assisting residents with varying needs to the Memory Care unit for the activity. All were caring and giving the residents plenty of time to get to the activity.
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 the facility and staff. A woman moving to Assistive Living from Independent Living soon expressed her concerns. She was relieved though that a group called "Downsizers" would be assisting her. This group will meet with her in the villa, discuss her needs and then arrange her apartment to make it as homelike as possible.
9. Did you notice unpleasant odors in commonly used areas?	No	Facility was 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	
12. Does the facility accommodate smokers? Where? Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	The facility was quiet except for the musical activity held in the Memory Care unit which the residents were clearly very excited to attend.
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 were observed. Staff was 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. Activities are planned with the residents and gathered during daily conversations. Calendars are very vibrant.
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 food events. There are options for dining, including the resident's room & 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. The activities calendars are bright and color coded based on themes.
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.	No	No "Areas of Concern" were noted during the visit. Positive observations were shared.

This Document is **PUBLIC RECORD**. **Do not** identify any Resident(s) by name or inference on this form.
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