

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"/> Combination Home X 90 bed Adult Assisted Living with Memory Care Unit	Facility Name/Address: Cambridge Hills 140 Brookstone Ln. Pittsboro, NC 27312
Visit Date: 10/25/2023	Time spent in facility: 70 minutes	Arrival time: 12:50pm
Name of person exit interview was held with: X Admin. SIC (Supervisor in Charge) Other Staff Rep. (Name & Title) Mike Walters, Executive Director		Interview was held: X in Person <input type="checkbox"/> Phone
Committee Members Present: Anita Tesh & Patti Liegl		Report Completed by: Patti Liegl
Number of Residents who received personal visits from committee members: 6 residents, 1 family member, 1 employee		
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
The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) N/A Assisted Living		Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No X N/A

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents were clean and well 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>	Yes	The residents we spoke with were positive about the care they receive. One resident said "I've been blessed by God to be here and to be 90 years old." Another resident who provided his name noted pain in his left lower leg/foot and rear end. Mr. Waters is very aware of this resident's pain.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Respectful care was observed.
4. Were residents interacting with staff, other residents & visitors?	Yes	Residents were seen interacting with each other and staff.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Staff were responsive to residents throughout the facility.
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	Most of the residents we spoke with were very pleased with the facility. A family member noted he felt "he was led by God placing his family member in this facility," and that "he couldn't be happier." Another resident, who provided his name, believed his previous roommate's possessions had been stolen recently. Mr. Waters was aware of this resident's challenges with cognition, and was going to reassure him there was no theft involved, and that the roommate had moved out.
9. Did you notice unpleasant odors in commonly used areas?	No	Facility was clean, orderly & odor-free.
10. Did you see items that could cause harm or be hazardous?	No	Med carts were secured in nursing stations. The HVAC ceiling register in the Memory Care Unit no longer had condensation on it as noted in July 2023.
11. Did residents feel their living areas were too noisy?	No	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	Non- smoking policy, which includes staff.
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes	

Resident Services	Yes/No/NA	Comments/Other Observations
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15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	The Activity Calendar showed a variety of activities, including community activities. Residents asked specifically about the activities provided were very pleased with both the quality and quantity. About 6 residents in Memory Care were briefly observed in a question/answer verbal task. Mr. Waters noted the Cambridge Hills' Activities Director recently attended a conference for dementia, and that many new materials have been ordered.
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	As noted in February 2023, the Executive Director manages residents' funds. Residents are able to keep cash in their rooms as well.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	NA Yes	Picture menus were posted showing one entrée for each meal.
18. Do residents have privacy in making and receiving phone calls?	Yes	Residents are in private or semi-private rooms, with phones. Staff knock before entering rooms if the door is closed.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Activity calendar also shows community engagement.
20. Does the facility have a Resident's Council?	Yes	
21. Family Council?	Yes	
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? There were no concerns needing follow-up or review at this time.	None	Positive observations shared on the exit interview. Mr. Waters, staff and residents were welcoming to CAC visitors. Mr. Waters was well aware of the concerns (such as chronic pain in foot) that some residents discussed with CAC members.

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.