

## 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"/> <b>Adult Care Home</b> <input type="checkbox"/> Combination Home <b>95 bed ACH</b>	Facility Name/Address: Carolina Meadows: The Fairways 700 Carolina Meadows Chapel Hill NC 27517
Visit Date: 10-17-2023	Time spent in facility: 55 minutes.	Arrival time: 3:25 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"/> Admin. <input checked="" type="checkbox"/> SIC (Supervisor in Charge). <input type="checkbox"/> Other Staff Rep.      Denise Moody, Assisted Living Manager		
Committee Members Present: Patti Liegl, Patricia Regan & trainee Sigi Markworth		Report Completed by: Patricia Regan
Number of Residents who received personal visits from committee members: 4 residents   and 1 family member		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i> 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 very clean, neat & well groomed Residents with whom we spoke were pleased with the care received at facility.  Much interaction, assisting and encouraging observed. Cheerful, respectful interactions observed We did observe residents who had difficulty communicating with staff in the memory care unit. Staff were observed addressing residents respectfully.
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	
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 had just completed Covid -19 shots for residents. *Residents with whom we spoke stated they were very happy with facility & food was good. *Facility was clean and in great condition. *Majority of doors closed and very quiet during visitation. *Residents seen seemed pleased with facility. No residents are smokers.  Pagers used rather than call bells. Staff attentive, courteous to residents and assisting as needed
9. Did you notice unpleasant odors in commonly used areas?	No	
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? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	
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?	NA N/A	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	
Resident Services	Yes/No/NA	Comments/Other Observations
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	Purchases are made for residents and added to their bills. Residents can also keep small amounts of cash.  Multiple options available for meal choices.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	
18. Do residents have privacy in making and receiving phone calls?	Yes	

19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a Resident's Council? Family Council?	Yes No	Resident's Council meets monthly, shown on calendar. In-person care plans meet when applicable.
<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>No concerns. Staff was welcoming to CAC visitors.</p>	No	<p>None discussed No concerns</p> <p><b><u>Highlights Included:</u></b></p> <p>*Noticed a dog in hallway, Ms. Moody added that cats were allowed also.</p> <p>*Observed Men's Group Meeting in progress-one resident waiting and ready to attend.</p> <p>*New Projection Activity: Magic Table Game for residents is new &amp; upcoming.</p> <p>Ms. Moody mentioned the Tovertafel (a new virtual game) that was introduced to the residents at The Green/Memory Care Unit prior to our arrival; however, other residents will have the opportunity to use this game. This game is similar to a table-top version of <u>Wii</u>.</p> <p>*Life Planning Staff was quite involved with the planning of appropriate games/activities for residents as we had the privilege to talk with a couple of them. Music is an added activity with very enthusiastic residents who gave positive feedbacks.</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.