Community Advisory Committee Quarterly/Annual Visitation Report						
County: Chatham	Facility Type:		Facility Name/Address: Carolina Meadows: The Pines			
	Family Care Home X Nursing Home		100 Whippoorwill Lane			
	90 bed SNF		Chapel Hill NC 27517			
	Adult Care Home Combinatio	n Home				
Visit Date: 10/17/2023	Time spent in facility: 61 min		Arrival time: 2:28 pm			
Name of person exit interview was held with: Interview was held:			X in Person Phone			
Admin SIC (Supervisor in Charge). Other Staff Rep. (Name & Title) Ben Cornthwaite, EVP & COO						
Admin SIC (Supervisor in Charge). Other Staff Rep. Committee Members Present: Pat Regan, Patti Liegl, and trainee Sigi Mark				Report Completed by: Patti Liegl		
Number of Residents who received personal visits from committee members: 4 residents, 1 family member						
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		sman Contact Info is correct and clearly posted: X Yes				
			information clearly posted: X Yes			
(Required for Nursing Homes Only)			Yes/No/NA	Commente/Other Observations		
Resident Profile			Yes	Comments/Other Observations		
 Do the residents appear neat, clean and odor free? Did residents say they receive assistance with personal care 			res	Residents were dressed neatly. Guiding, gentle care was observed multiple		
	ushing their teeth, combing their hair, in		Yes	times during the CAC visit. The facility was well		
dentures or cleaning their eyeglasses?				staffed.		
	ear residents being encouraged to parti	cipate in		The CAC observed care being provided in the		
their care by staff	f members?		No	residents' rooms, primarily at bedside. Gentle,		
				caring gestures were observed but conversations were inaudible.		
4. Were residents i	nteracting with staff, other residents & v	isitors?		Residents were observed interacting with staff		
T. WOLG TOOLGOTIO	morading with stain, other residents a v	rioitoro:	Yes	and other residents. Several were excited to get		
				to the Great British Bake Off activity.		
5. Did staff respond to or interact with residents who had difficulty		Not	-			
communicating or making their needs known verbally?			observed			
6. Did you observe restraints in use?			No NA			
7. If so, did you ask staff about the facility's restraint policies? Resident Living Accommodations			Yes/No/NA	Comments/Other Observations		
8. Did residents describe their living environment as homelike?		Yes	Residents were pleased with the care they			
o. Did residents describe their living environment as nomelike?		163	receive. There were no complaints about the			
				food.		
9. Did you notice unpleasant odors in commonly used areas?		No	The facility was clean and odor free.			
10. Did you see items that could cause harm or be hazardous?			No	No safety hazards were noted.		
11. Did residents feel their living areas were too noisy?		No	Nianamakina fasilitu			
	12. Does the facility accommodate smokers? Where? Outside only Inside only Both Inside/Outside		No	Nonsmoking facility		
	13. Were residents able to reach their call bells with ease?		Yes			
	call bells in a timely & courteous manner?			Staff was very attentive to residents. One		
If no, did you share this with the administrative staff?		N/A	resident felt ill to her stomach. CAC checked with			
				the LPN who said the resident's physician had		
				been notified. Mr. Cornthwaite was also aware of this resident.		
Resident Servic	22		Yes/No/NA	Comments/Other Observations		
	sked their preferences or opinions abou	ıt the	Yes	A variety of musical events are offered including		
	I for them at the facility?	at tile	103	Luke and his guitar and a lady with the traveling		
				piano. Shabbat is observed every 4 th Friday.		
	e the opportunity to purchase personal	items of	Yes	Purchases are made for residents when needed,		
1	g their monthly needs funds?			and added to their bills.		
Can residents access their monthly needs funds at their convenience?		Yes				
convenience?						

17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Residents receive a weekly menu to choose their meals. If needed, the residents' family may choose and lastly, choices are computer selected.
18. Do residents have privacy in making and receiving phone calls?	Yes	Phones in rooms; staff knock before entering.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Activity calendar shows involvement, especially noted were activities for multiple practices of faith.
20. Does the facility have a Resident's Council?	Yes	Resident council is part of the Residents'
Family Council?	Yes	Association which meets monthly. Family council meets monthly, virtually and there is a "healthy size in person," as stated by Mr. Cornthwaite. Emails also keep family in touch.
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?	Yes	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Positive observations shared with Mr.
The Pines staff were very welcoming. No items need to be reviewed at a later date.		Cornthwaite. He noted a 1:6 patient/CNA ratio which they are hoping to reduce to 1:4. Employees are staff, they have no contract employees. Mr. Cornthwaite noted there is one active COVID case and several residents with rhinovirus. A sign posted outside the door states face masks are required for entry. There is no longer a check-in kiosk inside the door but hand sanitizer and face masks are available.

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.