County: Chatham Facility Type: Assisted Living Family Care Home Nursing Home X Adult Assisted Living with Memory Care Unit Combination Home Visit Date: 10/12/2023 Time spent in facility: 1hr 38min Facility Name/Address: Chatham Ridge Assisted Living 114 Polks Village Lane Chapel Hill, NC 27517 Arrival time: 11:27 pm			
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Name of passes with interview was held with.			
Name of person exit interview was held with: Interview was held: X in Person Phone Director SIC (Supervisor in Charge) Other Staff Rep. (Name & Title) Ben Clark, Executive Director			
☑ Director SIC (Supervisor in Charge) ☑ Other Staff Rep. (Name & Title) Ben Clark, Executive Director Committee Members Present: Patt Regan & Patti Liegl Report Completed by: Patti Liegl			
Number of Residents who received personal visits from committee members: 9 residents			
Resident Rights Information is clearly visible: X Yes Ombudsman Contact Info. is correct and clearly posted: x Yes			
The most recent survey was readily accessible: Yes No Staffing information clearly posted: Yes No n/a (Required for Nursing Homes Only) n/a			
Resident Profile Yes/No/NA Comments/Other Observat			
1. Do the residents appear neat, clean and odor free? Yes Residents were clean and well groon			
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting Yes One resident who needs some physical assistance said he receives quality care.			
dentures or cleaning their eyeglasses? good therapies for his rehab.			
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes A therapist was observed with a residence provided many verbal cues.	lent, and		
4. Were residents interacting with staff, other residents & visitors? Yes Residents were interacting with each waiting to go into the dining room and lunch.			
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes Yes Yes To eat once served and was quickly be another plate.	eds. One It he wanted		
6. Did you observe restraints in use?			
7. If so, did you ask staff about the facility's restraint policies? N/A			
Resident Living Accommodations Yes/No/NA Comments/Other Observat			
8. Did residents describe their living environment as homelike? Yes Most residents CAC spoke with were with the facility. One gentleman who to have his name shared stated he si lightly and dislikes being woken ever the night. He was also concerned he keep any OTC medications in his roop planned to leave the facility soon with any prearranged living arrangements who was willing to have is name shared living arrangements who was willing to have is name shared living arrangements. So Billiam to the facility of the facility soon with any prearranged living arrangements who was willing to have is name shared living arrangements.	was willing eeps very / 2 hours in could not m and he or without . Another ed onal items		
9. Did you notice unpleasant odors in commonly used areas? No Facility clean & in good repair. No od	ors.		
 10. Did you see items that could cause harm or be hazardous? 11. Did residents feel their living areas were too noisy? No Medicine carts were secure. No 			
11. Did residents feet their living areas were too holoy:			
12. Does the facility accommodate smokers? Where? Outside only Inside only Both Inside/Outside Yes Smoking is allowed outside but there current residents who smoke.	are no		
13. Were residents able to reach their call bells with ease? NA No call bells were observed at this vi	sit.		
14. Did staff answer call bells in a timely & courteous manner? NA Not addressed this visit but call bell r			
If no, did you share this with the administrative staff? NA time is monitored centrally and staff vince pagers.	vear		
Resident Services Yes/No/NA Comments/Other Observat	ons		
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Residents are involved in planning mactivities as well as menus.			

16. Do residents have the opportunity to purchase personal items of	Yes	The business manager handles resident ancillary	
their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?		funds.	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	The daily menu was observed. Residents choose what they want to eat for the next meal at the current one. One resident said the food was okay, and added, "No cooking, no dishes, what's not to like?" Another resident who was unwilling for her name to be shared said "The hot food is cold; the cold food is hot." A third noted it takes a long time to be served but also mentioned the food has recently improved.	
18. Do residents have privacy in making and receiving phone calls?	Yes	Many residents have cell phones.	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Activity calendar and activity room show evidence of numerous activities. Some residents were out for a weekly luncheon.	
20. Does the facility have a Resident's Council? Family Council?	Yes	All staff departments are included in the residents' monthly meeting including clinical, business, housekeeping, and dietary. Family is welcome.	
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	Positive observations were shared on the exit interview. Residents' observations on the quality of food were shared, and Mr. Clark reported a	
The resident who wants to leave with or without appropriate living accommodations needs follow up.		chef, a cook and 2 additional servers have been added to the kitchen/dining staff. Mr. Clark shared that bed checks are required every 2 hours during the night. OTC medications have to be ordered by the physician, and kept in a locked box in a resident's room. As far as the thefts, two employees were fired; one for theft, the other for begging from residents. Mr. Clark also noted the facility works with a mental health organization to help those experiencing PTSD, previous forms of addiction and other mental health needs.	

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.