

Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input checked="" type="checkbox"/> Assisted Living 40 bed <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Combination Home	Facility Name/Address: Pittsboro Christian Village 1825 East Street Pittsboro, NC 27312
Visit Date: 10/29/ 2023	Time spent in facility: 25 min	Arrival time: 2:20 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of person exit interview was held with: Gerald Baker <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title) Gerald Baker, Executive Director
Committee Members Present: Anita Tesh, Kevyn Immermann and Pat Regan		Report Completed by: Anita Tesh
Number of Residents who received personal visits from committee members: 2 residents		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes		Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes
The most recent survey was readily accessible: Yes but not required for Assisted Living (Required for Nursing Homes Only)		Staffing information clearly posted: n/a

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents were clean & 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	Residents with whom we spoke were very positive about the care and the environment.
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	Respectful interactions between staff and residents were observed. During this Sunday afternoon visit many residents were taking post-lunch naps, resting, or doing quiet activities in their rooms.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	NA	Not observed on this visit.
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	N/A	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	One resident noted all of her needs are met. She said, "this is my home, and I love it here."
9. Did you notice unpleasant odors in commonly used areas?	No	Facility was spotlessly clean both in rooms and throughout the entire facility. No odors at all.
10. Did you see items that could cause harm or be hazardous?	No	The facility is in excellent repair. Medication carts were secured in a med room inaccessible to residents.
11. Did residents feel their living areas were too noisy?	N/A	Facility was very quiet and residents had no complaints on this topic.
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	The entire campus is smoke free
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	Staff use a paging system to respond to call bells. There is a 3-minute standard for response and all staff assist as needed.
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	One resident said that she enjoyed some of the activities very much, but "like anything, some are not for me." She was quite satisfied with the types and varieties of activities available.
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?	N/A	Not discussed on this visit. One resident stated, "I have absolutely everything I need here."

17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes N/A	Food is served family style, and both independent and assisted living dine together in the dining room. Residents can also dine in their rooms if they wish. Residents participate in planning the menus.
18. Do residents have privacy in making and receiving phone calls?	Yes	Phones are in each resident room & staff knock before entering.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Per activity calendar.
20. Does the facility have a Resident's Council? Family Council?	NA	Not addressed on this visit.
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.	No	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit No concerns noted by CAC. Positive observations were shared with the administrator who came in specifically to meet with us on this Sunday afternoon.

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.