Community Advisory Committee Quarterly/Annual Visitation Report						
County: Chatham	Facility Type: X Assisted Living 4		•	e/Address: Pittsboro Christian Village		
	Family Care Home Nursing H			25 East Street		
V" '' D	Adult Care Home Combination	on Home		tsboro, NC 27312		
	Visit Date: 10/29/ 2023					
·				view was held: X in Person Phone		
X Admin. SIC (Supervisor in Charge) Other Staff Rep.			(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						
			Ombudsman Contact Info is correct and clearly posted: X Yes Staffing information clearly posted: n/a			
The most recent survey was readily accessible: Yes but not required for Assisted Living			Stailing information clearly posted: n/a			
(Required for Nursing Homes Only)						
Resident Profile			Yes/No/NA Comments/Other Observations			
	pear neat, clean and odor free?		Yes	Residents were clean & well groomed.	,	
	ey receive assistance with personal	care	163	Residents with whom we spoke were very		
	ing their teeth, combing their hair, in		Yes	positive about the care and the environment.		
dentures or cleaning their eyeglasses?			100	positive about the sale 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?				Respectful interactions between staff and		
				residents were observed. During this Sunday		
			Yes	afternoon visit many residents were taking post	t-	
				lunch naps, resting, or doing quiet activities in		
C Did staff assessed to		£6: 14		their rooms.		
	5. Did staff respond to or interact with residents who had difficulty		NA	Not observed on this visit.		
communicating or making their needs known verbally? 6. Did you observe restraints in use?						
6 Did you observe res	traints in use?	Ī	Nο			
•		s? [No N/A			
7. If so, did you ask sta	off about the facility's restraint policie	s?	N/A	Comments/Other Observations		
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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	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit
No concerns.		No concerns noted by CAC. Positive observations were shared with the administrator who came in specifically to meet with us on this Sunday afternoon.
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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.