Yes been positive about the care he receives at this facility on previous CAC visits, said "It's basically a crappy place." He stated a CNA became angry with him during toileting.* 3. Did you see or hear residents being encouraged to participate in their care by staff members? NA 4. Were residents interacting with staff, other residents & visitors? NA 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes 6. Did you ask staff about the facility's restraint policies? NA 7. If so, did you ask staff about the facility's restraint policies? NA 8. Did residents describe their living environment as homelike? Yes 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? No 13. Did staff answer call bells with ease? No 14. Were residents the could cause harm or be hazardous? No 15. Did staff answer call bells in a timely & courteous manner? Yes 14. Did staff answer call bells with ease? Yes 15. Did togou see items that could cause harm or be hazardous? No 16. Did you see items that	Community Advisory Committee Quarterly/Annual Visitation Report						
Visit Date: 1/22/2024 Time spent in facility: 60 minutes Arrival time: 2:27pm Name of person exit interview was held with: Interview was held: in Person X on the Phone 1/24/24 X Admin. Committee Members Present: Sigi Markworth & Patti Lieg! Report Completed by: Patti Lieg! Number of Residentis who received personal visits from committee members: 6 residents; Z family members, 1 employee Resident Rights Information is clearly visible: Yes No Ornbudsman Contact Info is correct and clearly posted: XYes No Resident Rights Information is clearly visible: Yes No Ornbudsman Contact Info is correct and clearly posted: XYes No 1 Do the residents appear neat, clean and odor free? Yes Na Resident Broths were olean and well groomed. 2 Did residents appear neat, clean and odor free? Yes Resident Broths were olean and well groomed. 3 Did you see or hear residents being encouraged to participate in their care by staff members? Na Resident Broths were seen interacting with staff, other residents & visitors? 4 Were residents interacting with staff, other residents & visitors? Yes Na Resident Broths were seen interacting with each other and staff. 5 Did you see or	County: Chatham Facility Type: Family Care Home Nursing Home Combination Home X 90 bed Adult Assisted Living with			Facility Name/Address: Cambridge Hills 140 Brookstone Ln.			
X Admin. SIC (Supervisor in Charge) Other Staff Rep. (Name & Title) Mike Walters, Executive Director Committee Members Present: Sigi Markworth & Patti Liegt Report Completed by: Patti Liegt Number of Residents who received personal visits from committee members: 6 residents, 2 family members, 1 employee Report Completed by: Patti Liegt Required for Nursing Homes Only) N/A Assisted Living Ombudsman Contact Info is correct and clearly posted: X Yes No No X N/A Required for Nursing Homes Only) N/A Assisted Living Yes No/IA Comments/Other Observations 1. Do the residents ay they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses</i> ? Yes Residents we spoke with were positive about the care the receives at this facility on previous CAC visits, said "Its basically a crappy place." He stated a CNA became angry with him during toileting.* 3. Did you see or hear residents being encouraged to participate in their care by staff members? NA 4. Were residents interacting with staff, other residents & visitors? Yes 5. Did you see or hear residents being encouraged to participate in their care by staff about the facility is restraint policies? NA 6. Did you observe restraints in use? NA 7. If so, id you as staff about the facility's restraint policies? NA 8. Did residents addid the facility's restraint policies? NA <td colspan="4"></td> <td colspan="2">Arrival time: 2:27pm</td>					Arrival time: 2:27pm		
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Resident Services resinons Comments/Other Observations	Re	sident Service			Yes/No/NA	Comments/Other Observations	

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.