| Community Advisory Committee Quarterly/Annual Visitation Report | | | | | | |
|---|--|--|--|---|--|--|
| County: Chatham Facility Type: Assisted Living Family Care Home Nursing Home | | Facility Name/Address: Chatham Ridge Assisted Living | | | | |
| | X Adult Assisted Living with Memory | | 114 Polks Village Lane | | | |
| Combination Home | | | Chapel Hill, NC 27517 | | | |
| Visit Date: 01/26/2024 | Time spent in facility: 1hr 21min | | Arrival time: | 1:09 pm | | |
| Name of person exit interv | | erview was | held: X in Per | rson | | |
| ☑ Director SIC (Supervisor in Charge) ☐ Other Staff Rep.Committee Members Present: Patti Liegl & Kevyn Immermann | | | (Ivallie & Tille | Report Completed by: Kevyn Immermann | | |
| Number of Residents who received personal visits from committee members: 8 residents | | | | | | |
| | on is clearly visible: X Yes | | fo. is correct and clearly posted: x Yes | | | |
| The most recent survey was readily accessible: Yes No (Required for Nursing Homes Only) n/a | | | | arly posted: ☐ Yes ☐ No n/a | | |
| Resident Profile | | | Yes/No/NA | Comments/Other Observations | | |
| Do the residents appear neat, clean and odor free? | | | Yes | Residents were clean and well groomed. | | |
| | they receive assistance with personal | | | Resident stated they take good care of us here. | | |
| | ushing their teeth, combing their hair, in ning their eyeglasses? | serting | | Residents looked content and well groomed. One resident we visited with had reminders on | | |
| dentales of clear | ing their eyegidsses: | | Yes | his wall for the time for lunch and to remember to | | |
| | | | | use his walker. He also had his drawers labeled | | |
| 2 Did you are on h | | almata in | | to identify what was in each drawer. | | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | | cipate in | ., | A nurse was engaged in conversation with the people in the front area near the dining room to | | |
| anon care by clar | | | Yes | check on them. One resident said he likes his | | |
| | | | | personal exercises he is helped with. | | |
| 4. Were residents interacting with staff, other residents & visitors? | | Yes | Residents were interacting with each other and also in the activity room getting ready to play | | | |
| | | | 163 | corn hole. | | |
| 5. Did staff respond to or interact with residents who had difficulty | | Yes | _ | | | |
| communicating or making their needs known verbally? 6. Did you observe restraints in use? | | | No | _ | | |
| , | staff about the facility's restraint policie | ıs? | N/A | | | |
| Resident Living Accommodations | | | Yes/No/NA | Comments/Other Observations | | |
| 8. Did residents describe their living environment as homelike? | | ike? | Yes | Several residents said how much they enjoyed | | |
| | 3 | | | living there. A resident that has been there for 3 | | |
| | | | | months is so happy her son found Chatham | | |
| Did you notice unpleasant odors in commonly used areas? | | No | Ridge. Facility clean & in good repair. Getting ready to | | | |
| 9. Did you notice unpleasant odors in commonly used areas : | | i o : | INO | replace carpet. | | |
| 10. Did you see items that could cause harm or be hazardous? | | No | | | | |
| 11. Did residents feel their living areas were too noisy? | | | No | A few residents said the place is pretty quiet. | | |
| 12. Does the facility accommodate smokers? | | Yes | Smoking is allowed outside but there are no | | | |
| Where? Outside only Inside only Both Inside/Outside | | | current residents who smoke. | | | |
| 13. Were residents able to reach their call bells with ease? | | NA | No call bells were observed at this visit. | | | |
| 14. Did staff answer call bells in a timely & courteous manner? | | er? | NA NA | Not addressed this visit but call bell response | | |
| ii iio, did you sha | are this with the administrative staff? | | INA | time is monitored centrally and staff wear pagers. | | |
| Resident Servic | es | | Yes/No/NA | Comments/Other Observations | | |
| | sked their preferences or opinions abou | ut the | Yes | Residents are involved in planning monthly | | |
| | I for them at the facility? | | | activities as well as menus. The residents get a | | |
| | • | | | daily sheet of activities in their individual | | |
| | | | | mailboxes next to their door. | | |

| 16 | Do residents have the opportunity to purchase personal items of | Yes | The business manager handles resident ancillary |
|---|---|-----------|--|
| 10. | their choice using their monthly needs funds? | 163 | funds. |
| | Can residents access their monthly needs funds at their | | |
| | convenience? | | |
| 17. | Are residents asked their preferences about meal/snack choices? | Yes | The daily menu was observed. The residents we |
| | Are they given a choice about where they prefer to dine? | Yes | spoke with like the food. One resident stated he had a recent meal served in his room. |
| | 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. |
| 20. Do | oes the facility have a Resident's Council? | Yes | All staff departments are included in the |
| | Family Council? | | residents' monthly meeting including clinical, |
| | | | business, housekeeping, and dietary. Family is welcome. |
| | | | 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? | | No | Ben has focused on hiring, training and retention |
| | | | of his staff. They no longer use a staffing agency. |
| | | | Residents who have served in the military have a |
| | | | printed color sign on their door with their picture |
| | | | and service branch thanking them for their |
| | | | service. |
| | | | There was music playing as you came in the |
| | | | front door which was very upbeat. |
| | | 1 | At the front was a refreshment station with 3 |
| | | | |
| | | | different flavor water dispensers. |
| | | | |

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.