Community Advisory Committee Quarterly/Annual Visitation Report				
County: Chatham	Facility Type:		ility Name/Address: Carolina Meadows: The Pines	
	Family Care Home Nursing Home	100 Carolina		
	X Adult Care Home Combination Home 90 bed SNF	Chapel Hill No	C 27517	
		Arrival time: 3:00pm		
Name of person exit interview was held with: Interview was held: X in Person Phone				
Admin. X SIC (Supervisor in Charge). X Other Staff Rep.		Tara Hendric	kson (ADON) and Ms. Carol Baker-Phillips (DON)	
Committee Members Present: Anita Tesh, Patricia Regan & Patti Liegl		rs: 6 residents	Report Completed by: Patricia Regan	
Number of Residents who received personal visits from committee members Resident Rights Information is clearly visible: x Yes No Ombudsr				
Resident Rights Information is clearly visible: x Yes No Ombudsman Contact Info is correct and clearly posted: x Yes No The most recent survey was readily accessible: X Yes Staffing information clearly posted: Yes No N/A				
(Required for Nursing Hor	•	inionnation old	my posted.	
Resident Profile		Yes/No/NA	Comments/Other Observations	
Do the residents	appear neat, clean and odor free?	Yes	Residents were clean, neat & well groomed	
	y they receive assistance with personal care		Residents with whom we spoke were pleased,	
	ushing their teeth, combing their hair, inserting	Yes	happy, cheerful, and gracious for the services	
	ning their eyeglasses?		and care received at facility.	
,	ear residents being encouraged to participate in	Vac	Staff was busy caring, interacting, and	
their care by staf	members?	Yes	encouraging the residents. Many residents were celebrating birthdays this month.	
4. Were residents	interacting with staff, other residents & visitors?	Yes	colobiating birtidays this month.	
	I to or interact with residents who had difficulty		One resident had trouble interacting with us;	
	or making their needs known verbally?	Yes	however, he stated he was doing fine and food	
		res	was fine. One birthday resident stated she had	
			no complaints with the facility.	
-	restraints in use?	No		
7. If so, did you ask staff about the facility's restraint policies?				
		NA V (N (NA		
Resident Living	Accommodations	Yes/No/NA	Comments/Other Observations	
Resident Living			Comments/Other Observations Residents with whom we spoke with were very happy and did not have any negative comments or complaints.	
Resident Living 8. Did residents des	Accommodations	Yes/No/NA	Residents with whom we spoke with were very happy and did not have any negative comments	
8. Did residents des 9. Did you notice ui 10. Did you see item	Accommodations scribe their living environment as homelike? ppleasant odors in commonly used areas? s that could cause harm or be hazardous?	Yes/No/NA Yes No No	Residents with whom we spoke with were very happy and did not have any negative comments or complaints.	
8. Did residents des 9. Did you notice us 10. Did you see item 11. Did residents fee	Accommodations scribe their living environment as homelike? Inpleasant odors in commonly used areas? Is that could cause harm or be hazardous? If their living areas were too noisy?	Yes/No/NA Yes No No No	Residents with whom we spoke with were very happy and did not have any negative comments or complaints. The facility was clean and in great condition.	
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Events and services available were included on the monthly posted calendar.
20. Does the facility have a Resident's Council? Family Council?	Yes Yes	
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? The only issue that was addressed at the exit interview was the concern of a newly arrived resident who had broken her femur. She is not able to walk and would need assistance with scheduling and canceling appointment if needed. Transportation for her doctor's visit was also a concern of the resident.	No	Staff throughout the facility was very welcoming to CAC members. Positive feedback was shared.

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.

Given to the administrator.