

## Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> <b>Adult Care Home</b> <input type="checkbox"/> Combination Home <b>90 bed SNF</b>	Facility Name/Address: Carolina Meadows: The Pines 100 Carolina Meadows Chapel Hill NC 27517
Visit Date: 1-18-24	Time spent in facility: 1 hour 15 minutes.	Arrival time: 3:00pm
Name of person exit interview was held with: Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone  <input type="checkbox"/> Admin. <input checked="" type="checkbox"/> SIC (Supervisor in Charge). <input checked="" type="checkbox"/> Other Staff Rep.   Tara Hendrickson (ADON) and Ms. Carol Baker-Phillips (DON)		
Committee Members Present: Anita Tesh, Patricia Regan & Patti Liegl		Report Completed by: Patricia Regan
Number of Residents who received personal visits from committee members: 6 residents, 1 family member		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)   N/A		Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No   N/A

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents were clean, neat & 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 pleased, happy, cheerful, and gracious for the services and care received at facility.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Staff was busy caring, interacting, and encouraging the residents. Many residents were celebrating birthdays this month.
4. Were residents interacting with staff, other residents & visitors?	Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	One resident had trouble interacting with us; however, he stated he was doing fine and food was fine. One birthday resident stated she had no complaints with the facility.
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	NA	

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	Residents with whom we spoke with were very happy and did not have any negative comments or complaints.
9. Did you notice unpleasant odors in commonly used areas?	No	The facility was clean and in great condition.
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? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	No residents are smokers.
13. Were residents able to reach their call bells with ease?	Yes	Pagers are used rather than call bells.
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 attentive, courteous as they assisted residents. No call bells were observed.

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	Activity calendars showed many options & were posted in multiple places. A full month activity calendar was in place for the residents throughout the facility.
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?	Yes Yes	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	
18. Do residents have privacy in making and receiving phone calls?	Yes	Menus are provided in several places throughout the facility.

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	
<b>Areas of Concern</b>	<b>Yes/No/NA</b>	<b>Exit Summary</b>
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.