Community Advisory Committee Quarterly/Annual Visitation Report						
County: Chatham	Facility Type:		Facility Name/Address:			
	☐Family Care Home ☐Nursing Home		The Arbor at Galloway Ridge			
	Adult Care Home X Combination Home		300 Clynelish Close			
	40 bed SNF; 51 ACH with Memory Care Unit		Pittsboro, NC 27312			
Visit Date: 5/3/2024	Time spent in facility: 45 mins.		Arrival time: 4:25 pm			
Name of person exit interview was held with:  Interview was held: <b>X</b> in Person Phone						
X Admin SIC (Supervisor in Charge)  Other Staff Rep. (Name & Title) Dianne Armstrong, Director of Arbor Operations						
Committee Members Present: Sigi Markworth & Patti Liegl				Report Completed by: Patti Liegl		
Number of Residents who received personal visits from committee members: 9 residents, 3 family members						
Resident Rights Information is clearly visible: Yes Ombudsman				fo is correct and clearly posted: Yes		
The most recent survey wa		rly posted: Yes				
(Required for Nursing Homes Only)			N /N /N A			
Resident Profile			Yes/No/NA	Comments/Other Observations		
	ppear neat, clean and odor free?		Yes	Residents were clean and well-groomed.		
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, insert			Yes	Residents were happy with the care they receive.		
	ng their eyeglasses?	ninata in		At the time of the CAC visit ne direct personal		
3. Did you see or hear residents being encouraged to participate in their care by staff members?		No	At the time of the CAC visit, no direct personal care was observed. The memory care unit was well staffed. In skilled nursing, one resident was excited for discharge next week after working so hard in both physical and occupational therapies.			
4. Were residents interacting with staff, other residents & visitors?		Yes	His family member was very pleased with his progress, Residents were interacting with each other and family members. One resident's family member			
Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?		Yes	One resident had difficulty with her w/c and staff was very respectful of her. The staff member immediately dropped what she was doing to			
6. Did you observe restraints in use?		No	assist the resident.			
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	The residents we spoke with were very happy with their personal care and meals.			
Did you notice unpleasant odors in commonly used areas?			No	The facility is clean and well maintained.		
10. Did you see items that could cause harm or be hazardous?			No	No safety issues were observed.		
11. Did residents feel their living areas were too noisy?		No	The facility was quiet during this visit.			
12. Does the facility accommodate smokers?		No				
Where? Outside only ☐ Inside only ☐ Both Inside/Outside						
13. Were residents able to reach their call bells with ease?		Yes	The Arbor uses both a pager & call bell system.			
14. Did staff answer call bells in a timely & courteous manner?		Yes	No call bells were observed.			
If no, did you share this with the administrative staff?			N/A			
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 schedules were clearly posted in all of the individual levels of Care Units.			
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	Most purchases placed on residents' accounts, but some keep small amounts of cash.			
		Yes	Sat Some Roop official afficiants of such			

17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Menu options were posted. There are options for dining, including the resident's room & several dining rooms.
18. Do residents have privacy in making and receiving phone calls?		Phones in rooms, and some residents have cell phones.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a Resident's Council?		Have Resident's Council.
Family Council?	Yes	Family Council is covered via email.
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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	No "Areas of Concern" were noted during the visit.
No areas of concern.		CAC members shared positive observations with Ms. Armstrong. Ms. Armstrong updated CAC members on residents' progress not seen at the time of this visit.

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.