

## Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home <b>X 90 bed Adult Assisted Living with Memory Care Unit</b>	Facility Name/Address: Cambridge Hills 140 Brookstone Ln. Pittsboro, NC 27312
Visit Date: 4/25/2024	Time spent in facility: 80 minutes	Arrival time: 2:15 pm
Name of person exit interview was held with: Admin. SIC (Supervisor in Charge) X Other Staff Rep. ( <i>Name &amp; Title</i> )		Interview was held: X in Person on the Phone Angela de Muinck, Activity Director
Committee Members Present: Patti Liegl & Sigi Markworth		Report Completed by: Sigi Markworth
Number of Residents who received personal visits from committee members: 7 residents, 1 family member, 3 employees		
Resident Rights Information is clearly visible: X Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: X Yes <input type="checkbox"/> No
The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) N/A Assisted Living		Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No X N/A

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	All residents appeared neatly groomed, clean, & happy.
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	Did not observe directly at the time of visit, but based on appearance, residents seemed well taken care of.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	NA	CAC members visited mid-afternoon when residents were either napping, participated in social groups or activities so we did not observe direct care.
4. Were residents interacting with staff, other residents & visitors?	Yes	Residents were seen interacting with each other and staff. The staff we observed at the main nursing station and memory care station seemed very familiar with residents and appeared to have lively conversations with the residents.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	The memory care activity coordinator as well as CNAs throughout memory care were listening and communicating attentively with residents.
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 we spoke with felt the facility and care provides a nice environment. One long-time resident expressed "It is not home, but for what it is, it is a great place to be".
9. Did you notice unpleasant odors in commonly used areas?	No	Facility was clean, orderly & odor-free.
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	No one mentioned noise being an issue.
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	Non- smoking policy which includes staff.
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes	Only 1 call bell observed toward the end of the visit. It was answered by staff immediately.

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	The Activity Calendar showed a variety of activities, including community activities. The Memory Care Activities Coordinator mentioned that a family member's spouse leads weekly bible studies. A music therapist is scheduled twice monthly. They like to incorporate outdoor activities and have a trip planned to an alpaca farm. Per memory care activity coordinator, they try to integrate activities with all residents when possible.

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	Residents' funds are managed by the ED. Residents are also allowed to keep cash in their rooms.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	NA Yes	Not discussed at this time, but based on previous visits, residents have meal/snack choices and a choice of where they like to dine.  We spoke with a new resident who had received lunch delivered by a church member. The resident had no refrigerator in her room and CAC members asked the nursing staff if they would refrigerate the food for the new resident. They were happy to do so and confirmed that the resident is allowed a refrigerator and microwave in her room if she wishes. The staff promised she will serve the food to the resident at dinner.
18. Do residents have privacy in making and receiving phone calls?	Yes	Residents are in private or semi-private rooms, with phones. Staff knock before entering rooms.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	The Activity calendar shows community engagement. Also see 15.
20. Does the facility have a Resident's Council?	Yes	
21. Family Council?	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?  None observed.	None	The Exit Interview was quick and succinct as there were no issues at the time of the visit. They had a minor fire at one of the outbuildings at the end of the visit so staff in charge were occupied with this issue, but it was resolved by the time CAC members left.

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.