Community Advisory Committee Quarterly/Annual Visitation Report							
County: C	County: Chatham Facility Type: Assisted Living Family Care Home Nursing Home X Adult Assisted Living with Memory Care Un			Facility Name/Address: Chatham Ridge Assisted Living 114 Polks Village Lane Chapel Hill, NC 27517			
Visit Date: 5/3/2024 Time spent in facility: 1hr 51min				Arrival time: 2:15pm			
Name of person exit interview was held with: Interview was held					1		
Committee Members Present: Patti Liegl & Sigi Markworth Report Completed by: Sigi Markworth							
Number of Residents who received personal visits from committee members: 7 residents & 3 family members							
Resident Rights Information is clearly visible: X Yes Ombudsman Contact Info. is correct and clearly posted: x Yes							
The most recent survey was readily accessible: Yes No Staffing information clearly posted: Yes No n/a (Required for Nursing Homes Only) n/a Yes/No/NA Comments/Other Observations							
Resident Profile					Comments/Other Observations		
 Do the residents appear neat, clean and odor free? Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting</i> <i>dentures or cleaning their eyeglasses</i>? 			Yes Yes	Residents were clean and well groomed. Not directly observed, but residents and family with spoke with in both assisted living and memory care stated that they receive excellent care.			
3. Did you see or hear residents being encouraged to participate in their care by staff members?			Yes	Observed positive interaction between staff and residents. One resident we met in the dining room stated that he missed lunch because of an off-site med. appt. and staff stopped to get him lunch.			
4. \	4. Were residents interacting with staff, other residents & visitors?			Yes	Residents and staff were observed interacting positively with each other. At the time of visit, bingo was taking place that residents seemed to enjoy. One staff member was coordinating the automated bingo activities and interacted with residents.		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?			Yes	One of the residents located in the sitting area across from nurses' station in assisted living was showing us her colorful potholders which she created. The resident had difficulty communicating and a staff member who walked by appeared very familiar with the resident, spoke with her, and explained to us that the resident enters her potholders at the annual fundraiser.			
	Did you observe re			No			
		aff about the facility's restraint policies	s?	N/A			
		ccommodations		Yes/No/NA	Comments/Other Observations		
8. D	Did residents descr	ibe their living environment as homeli	ke?	Yes	All the residents and family members the CAC spoke with were very happy with the environment.		
9. D	id you notice unpleasant odors in commonly used areas?		No	The assisted living area appeared clean & in good repair. No odors.			
	10. Did you see items that could cause harm or be hazardous?11. Did residents feel their living areas were too noisy?		is?	No No	No complaints at time of visit.		
	 Does the facility accommodate smokers? Where? Outside only Inside only Both Inside/Outside 		Yes	Smoking is allowed outside.			
13. V	3. Were residents able to reach their call bells with ease?		NA	No call bells were observed at this visit.			
		Il bells in a timely & courteous manne this with the administrative staff?	r?	NA NA	Not addressed this visit but call bell response time is monitored centrally and staff wear pagers.		

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	Residents are involved in planning monthly activities as well as menus.	
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	The business manager handles resident ancillary funds.	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Residents are given a choice on meals and where to dine. A large-print menu was displayed at the entrance of the dining room. All residents and family members the CAC spoke with were very happy with the food (choices and quality). Many residents have cell phones. The monthly activity calendar was posted outside of the Activity Room and various other locations throughout the facility. Activities are color coded by type (i.e., emotional, environmental, intellectual, physical, social, spiritual, vocational) and exhibit community involvement. The legend clearly identifies locations and also has residents' birthdays.	
18. Do residents have privacy in making and receiving phone calls?	Yes		
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes		
20. Does the facility have a Resident's Council? Family Council?	Yes	As observed in previous visits, all staff departments are included in the residents' monthly meeting including clinical, business, housekeeping, and dietary. Family is welcome.	
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Yes/No/NA Yes	 Exit Summary The Exit interview was held with Ms. Thomas, Director of Clinical Services, who is a fairly new staff member and commutes 2 hours one way Mo-Fri. She stated that the environment, staff, and residents are worth the commute. Positive observations were shared re. residents' and family members' comments about care and food. The CAC noticed a clear temperature shift between Assisted Living and the Memory Care Unit with the latter being significantly warmer. We addressed this with Ms. Thomas who stated that the residents in memory care seem to prefer it warmer. We did note that the residents we spoke with were dressed in long sleeves, one wearing a sweatshirt. Residents seemed content. 	

This Document is **PUBLIC RECORD**. <u>Do not</u> identify any Resident(s) by name or inference on this form. <u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.