

Community Advisory Committee Quarterly/Annual Visitation Report

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| County: Chatham | Facility Type: <input checked="" type="checkbox"/> Assisted Living 40 bed <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Combination Home | Facility Name/Address: Pittsboro Christian Village 1825 East Street Pittsboro, NC 27312 |
| Visit Date: 4/25/2024 | Time spent in facility: 40 min. | Arrival time: 3:50 pm |
| Name of person exit interview was held with: Gerald Baker <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. | | Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title) Gerald Baker, Executive Director |
| Committee Members Present: Sigi Markworth & Patti Liegl | | Report Completed by: Patti Liegl |
| Number of Residents who received personal visits from committee members: 3 residents | | |
| Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes | | Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes |
| The most recent survey was readily accessible: Yes (not required for Assisted Living facilities) (Required for Nursing Homes Only) | | Staffing information clearly posted: N/A |

| Resident Profile | Yes/No/NA | Comments/Other Observations |
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| 1. Do the residents appear neat, clean and odor free? | Yes | All of the residents were neatly dressed and welcoming. |
| 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 | When asked about personal care assistance, one resident said "They take very good care of me." |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | N/A | The residents the committee members met were either working on a puzzle, sitting outside in the sun or resting in the late afternoon before dinnertime. |

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| 4. Were residents interacting with staff, other residents & visitors? | Yes | Residents greeted Mr. Baker and committee members warmly. |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | N/A | Not observed. |
| 6. Did you observe restraints in use? | No | |
| 7. If so, did you ask staff about the facility's restraint policies? | N/A | |

| Resident Living Accommodations | Yes/No/NA | Comments/Other Observations |
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| 8. Did residents describe their living environment as homelike? | Yes | One resident had difficulty communicating but when complimented on her room and decorations, she smiled, and thanked the committee member. This same resident smiled again when asked about PCV's personal care and food. |
| 9. Did you notice unpleasant odors in commonly used areas? | No | The facility was very clean. |
| 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 | The entire facility is smoke free. |
| 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? | N/A | Staff uses a paging system to respond to call bells. There is a 3-minute standard for response and all staff assist as needed. |

| Resident Services | Yes/No/NA | Comments/Other Observations |
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| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | Yes | A monthly Activity Calendar is posted at various locations in 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 | Each room has a locked security box. PCV offers shopping trips but tries to provide all of resident's needs. Some residents have credit cards managed by family. |
| 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? | Yes Yes | Assisted living residents dine with independent living residents in the dining room, or can choose to dine in their rooms. Food choices are available from the menu. |

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| 18. Do residents have privacy in making and receiving phone calls? | Yes | Phones are in each resident room & staff knock before entering. |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | Yes | PCV has a 'Missionary Wall' of photos and descriptions of the countries and people served around a large world map. PCV supports these missionaries and occasionally, the missionaries will visit and share their missions with the residents. PCV also offers a variety of seasonal/holiday activities involving the local community. |
| 20. Does the facility have a Resident's Council? Family Council? | N/A | Not addressed on this visit. Historically, Residents Council was shared via email monthly. |
| 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 concerns. | No | Discuss items from "Areas of Concern" Section as well as any changes observed during the visit Positive observations were shared with the administrator who guided the committee throughout the facility. |

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.