

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"/> Adult Care Home <input checked="" type="checkbox"/> Combination Home 40 bed SNF; 51 ACH with Memory Care Unit	Facility Name/Address: The Arbor at Galloway Ridge 300 Clynelish Close Pittsboro, NC 27312
Visit Date: 7/10/2024	Time spent in facility: 45 min	Arrival time: 11am
Name of person exit interview was held with:		Interview was held: <input checked="" type="checkbox"/> in Person Phone
. <input checked="" type="checkbox"/> Admin SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title) Dianne Armstrong, Administrator		
Committee Members Present: Anita Tesh & Patti Liegl		Report Completed by: Anita Tesh
Number of Residents who received personal visits from committee members: 4 residents		
Resident Rights Information is clearly visible: Yes		Ombudsman Contact Info is correct and clearly posted: Yes
The most recent survey was readily accessible: Yes (Required for Nursing Homes Only)		Staffing information clearly posted: Yes

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents were clean and neatly dressed.
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 to whom we spoke were happy with the care they receive.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Staff observed encouraging residents to participate in a singalong activity.
4. Were residents interacting with staff, other residents & visitors?	Yes	During our visit, we observed very respectful, positive interaction between a resident and a staff member. We also observed multiple residents interacting with each other during the singalong.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	This was particularly evident in Memory Care.
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	The residents with whom we spoke were positive about the environment, care, and food.
9. Did you notice unpleasant odors in commonly used areas?	No	Facility is clean, odor free & well maintained
10. Did you see items that could cause harm or be hazardous?	No	No safety issues observed.
11. Did residents feel their living areas were too noisy?	No	Facility quiet & calm during this visit.
12. Does the facility accommodate smokers? Where? Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	
13. Were residents able to reach their call bells with ease?	Yes	Has both pager & call bell system
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes N/A	No call bells observed in use.
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?	NA	Activity schedules were clearly posted in all individual levels of Care Units. Eighteen residents, including several from Memory Care, were participating in the singalong, which was held in the Skilled Nursing area. We did not specifically ask any residents about their participation in planning activities. The singalong was led by a resident of Independent Living, and was enthusiastically received by residents.
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	Most purchases placed on residents' accounts, but some keep small amounts of cash.

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?	Yes	Phones in rooms, and some residents have cell phones.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Yes, see the activity calendar.
20. Does the facility have a Resident's Council? Family Council?	Yes Yes	Have Resident's Council. Family involvement is achieved via group email.
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 areas of concern.	No	No "Areas of Concern" were noted during the visit. Positive observations shared. Positive observations shared on exit interview.

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.