

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 X 90 bed Adult Assisted Living with Memory Care Unit	Facility Name/Address: Cambridge Hills 140 Brookstone Ln. Pittsboro, NC 27312
Visit Date: 7/27/2024	Time spent in facility: 1 hr 39 minutes	Arrival time: 10:07 am
Name of person exit interview was held with: Admin. X SIC (Supervisor in Charge) Other Staff Rep. (<i>Name & Title</i>) Ronda Stubbs, Marketing Director		Interview was held: X in Person <input type="checkbox"/> on the Phone
Committee Members Present: Anita Tesh, Kevyn Immermann, Barbara Gustinis (training)		Report Completed by: Anita Tesh
Number of Residents who received personal visits from committee members: 8 residents, 2 family members		
Resident Rights Information is clearly visible: X Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: <input type="checkbox"/> Yes X 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	Residents were clean and well groomed.
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 we spoke with were positive about the care they receive.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Staff were observed encouraging residents to drink water, hold a cup without spilling, and eat snacks. Another staff member was observed gently redirecting a resident, and encouraging her to put on a sweater because she was cold.
4. Were residents interacting with staff, other residents & visitors?	Yes	Residents were seen interacting with each other, family members, and staff.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Staff were attentive to residents throughout the facility. Respectful communication by staff observed in an activity 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	One resident said that she specifically selected this facility because she "knew it was good" and she was right! Another resident said, "I'd rather be at home, but can't manage there anymore." Residents participating in activity in Memory Care appeared happy, relaxed, and engaged.
9. Did you notice unpleasant odors in commonly used areas?	No	Facility was clean and orderly.
10. Did you see items that could cause harm or be hazardous?	No	Med. carts were secured in nursing stations. During our visit, the SIC was holding a "trivia quiz" on safety issues for staff. Correct answers were rewarded with chocolate.
11. Did residents feel their living areas were too noisy?	No	Facility was very quiet despite activities and many visitors during our CAC visit.
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	
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	The Activity Calendar showed a variety of activities, including community activities. CAC did not ask residents directly about their input into activities.

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	Daily picture menus were posted showing one entrée per meal. Two residents commented that the food "could be better."
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. During CAC visit, many residents had friends or family visiting.
20. Does the facility have a Resident's Council?	Yes	
21. Family Council?	Yes	
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? The Ombudsman's name and phone number are correct on the Residents' Bill of Rights that is posted in the entrance hall. In the Memory Care Unit, the Ombudsman's last name is incorrect, but phone number is correct, on the posted Residents' Bill of Rights. (Note: when the Ombudsman changed her last name upon marriage, labels were sent to facilities to post. The incorrect name posted in Memory Care reflects the Ombudsman's previous name. A call would still have reached her despite the outdated name.)	None	We shared our positive observations, and pointed out that the Ombudsman's last name was incorrect in the Memory Care Unit. We noted that the Safety Quiz was a novel approach to reinforcing safety while promoting positive interactions between management and staff. (SIC would pose a safety question over the intercom, and everyone who came to her office with a correct answer within an hour received chocolate.)

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.