

Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: Assisted Living <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Assisted Living with Memory Care Unit <input type="checkbox"/> Combination Home	Facility Name/Address: Chatham Ridge Assisted Living 114 Polks Village Lane Chapel Hill, NC 27517
Visit Date: 7/10/2024	Time spent in facility: 35 mins.	Arrival time: 11:58am
Name of person exit interview was held with: <input type="checkbox"/> Director <input checked="" type="checkbox"/> SIC (Supervisor in Charge) Other Staff Rep.		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title) Angie Daniels, RN
Committee Members Present: Anita Tesh & Patti Liegl		Report Completed by: Patti Liegl
Number of Residents who received personal visits from committee members: 9 residents, 1 family-paid caregiver & 1 family member		
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: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) n/a		Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	NA	
4. Were residents interacting with staff, other residents & visitors?	Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	In the Memory Care Unit, positive, lively interactions between residents and staff were observed. There was a sing-a-long activity in the living room with almost 100% residents' participation. Staff, residents, a family member and family-paid caregiver were in small groups gathered around the tables in the dining room, engaging in a variety of conversations while waiting for lunch. The activity leader respectfully redirected and engaged a resident in the sing-a-long activity.
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	N/A	
	N/A	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	All the residents and family members the CAC spoke with were very happy with the environment. The temperature shift noted at the time of the last visit between the memory care unit and assisted living was not observed.
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	No	Smoking is allowed outside.
12. Does the facility accommodate smokers? Where? Outside only <input checked="" type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Yes	
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?	NA NA	
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 for their meals and where to dine. A large-print menu was displayed at the entrance of the dining room.
18. Do residents have privacy in making and receiving phone calls?	Yes	Many residents have cell phones.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	The monthly activity calendar was posted outside of the Activity Room and various other locations throughout the facility. Activities show community involvement. The color-coded legend clearly identifies locations and also has residents' birthdays. Residents who have passed away recently are recognized in the foyer while the activity room has a memory area for residents who have passed away in the last few months.
20. Does the facility have a Resident's Council? Family Council?	Yes	Staff departments are included in the residents' monthly meeting including clinical, business, housekeeping, and dietary. Family is welcome.
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	Positive observations were shared with Ms. Daniels during the 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.