Community Advisory Committee Quarterly/Annual Visitation Report						
County: Chatham	Facility Type:		Facility Name/Address: Carolina Meadows: The Pines			
	Family Care Home X Nursing Home		100 Whippoorwill Lane			
	90 bed SNF		Chapel Hill NC	27517		
	Adult Care Home Combination	n Home				
Visit Date: 7/22/24	Time spent in facility: 1 hour 40 minutes		Arrival time: 10am			
Name of person exit interview was held with: Interview was held:			X in Person 🗌 Phone			
				hillips, BSN, RD, Director of Nursing		
Committee Members Present: Patricia Regan, Patti Liegl & Barbara Gustinis				Report Completed by: Patricia Regan		
Number of Residents who received personal visits from committee members: 4 residents, 1 family member (daughter) 1 staff member   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: X Yes Staffing information clearly posted: X Yes						
(Required for Nursing Homes Only)						
Resident Profile			Yes/No/NA	Comments/Other Observations		
	appear neat, clean and odor free?			Residents we spoke with and others observed		
			Yes	appeared to be clean, dressed neatly, and well		
				groomed.		
	they receive assistance with personal output ushing their teeth, combing their hair, inst		Vaa	One resident with whom we spoke was very pleased with the care she receives. She said she		
	ning their eyeglasses?	serung	Yes	is "very blessed."		
	ear residents being encouraged to partic	cipate in		CAC did not observe any assistance with		
their care by staff	• • •		N/A	personal care at time of visit		
4. Were residents i	nteracting with staff, other residents & v	isitors?		Residents were observed interacting with each		
			Vee	other and visitors. One resident gave the CAC a		
			Yes	few words of wisdom as another shared a few quotes to inspire us during our visit.		
5. Did staff respond to or interact with residents who had difficulty			Staff was not observed interacting with residents			
communicating or making their needs known verbally?		N/A	who have difficulty communicating at the time of			
			this visit.			
6. Did you observe restraints in use?		No				
7. If so, did you ask staff about the facility's restraint policies?			NA Yes/No/NA	Commonte/Other Observations		
	Accommodations	1400		Comments/Other Observations		
8. Dia residents des	scribe their living environment as homeli	Ke?	Yes	One family member who did not mind being identified was not happy with the care her		
				mother receives. The other residents with whom		
				we spoke were excited, and happy to be in a		
				place that they could call "Home."		
	pleasant odors in commonly used areas		No	The facility was clean and odor free,		
10. Did you see items	s that could cause harm or be hazardou	is?	No	The hallways were clear and no safety hazards		
11 Did ragidanta faa	I their living grass were too point?		NA	were noted.		
	I their living areas were too noisy?		INA	No complaints regarding noise during this visit. A noise complaint was shared last quarter.		
12. Does the facility a	accommodate smokers?		No	This is a non-smoking facility.		
	side only I Inside only Both Inside	/Outside				
13. Were residents able to reach their call bells with ease?		Yes				
14. Did staff answer call bells in a timely & courteous manner?						
	re this with the administrative staff?		NA Na sinta inte			
Resident Servic			Yes/No/NA	Comments/Other Observations		
	sked their preferences or opinions about	it the	Yes	Activity calendars (large print and colorful) were		
activities planned	I for them at the facility?			posted throughout the facility. Daily Activity schedules were also posted in common area.		
				שיויטעוופט אפוב מוטט אטטנבע ווו נטוווווטוו מופמ.		

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	Per ongoing visits/reports, purchases are made for residents and added to their bills.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	No menu is posted; however, residents do receive a weekly menu to choose their meals. If needed, the residents' family may choose and residents can make selected choices online. What a gift for CAC to hear from a resident that she uses her laptop for social media and other needs.
18. Do residents have privacy in making and receiving phone calls?	Yes	Phones are in residents' rooms.
19. Is there evidence of community involvement from other civic, volunteer, or religious groups?	Yes	Activity calendar reflects residents' involvement.
20. Does the facility have a Resident's Council? Family Council?	Yes Yes	This was not discussed on this visit.
Areas of Concern	Yes/No/NA	Exit Summary
	Yes	Discuss items from "Areas of Concern" Section. Positive observations were shared with Ms. Baker-Phillips. She is aware of the ongoing concerns from a family member and has had many conversations with her to find positive solutions regarding her concerns and requests. Ms. Baker-Phillips also shared that she has had several conversations with staff as they provide professional services to this resident and others who may not always be cooperative, knowing that a camera is in place or not.

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.