

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	Facility Name/Address: The Arbor 3000 Galloway Ridge Rd Pittsboro, NC 27312
Visit Date: 10/15/24	Time spent in facility: 1 hr 14 min	Arrival time: 4:06 pm
Name of person exit interview was held with: Interview was held: Sheila Brittian X in Person <input type="checkbox"/> Phone . <input type="checkbox"/> Admin X SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title) Sheila Brittian, RN, Director of Nursing		
Committee Members Present: Sigi Markworth, Kevyn Immermann, Barbara Gustinis & Billy Cummings (members in training)		Report Completed by: Kevyn Immermann
Number of Residents who received personal visits from committee members: 7 residents, 5 staff		
Resident Rights Information is clearly visible: x Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: x Yes <input type="checkbox"/> No
The most recent survey was readily accessible: x Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information clearly posted: x Yes <input type="checkbox"/> No

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents were clean, well dressed 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	Not observed directly although residents we visited with at 4pm all looked well cared for.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Observed a resident that was receiving help from staff and was clearly enjoying the interaction.
4. Were residents interacting with staff, other residents & visitors?	Yes	Residents in memory care were watching a TV show before dinner. A few interacted with us and the staff.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Staff is very attentive & were able to anticipate the needs of their residents
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	Residents we spoke with were happy with their rooms, staff and the food served. One resident said it wasn't like independent living but the next best thing.
9. Did you notice unpleasant odors in commonly used areas?	No	Facility clean, odor free & well maintained
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	No	Facility quiet & calm during this visit, including memory care unit.
12. Does the facility accommodate smokers? Where? X Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Yes/ See note	Campus has been smoke-free for ~2 yrs. They no longer admit new residents who smoke.
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?	Yes	Wide range of activity options available. All of the residents get the events for the day in their mailbox as well as it being posted.
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?	Not assessed this visit	
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 posted. Multiple options for dining, including own room & several dining rooms. Ice cream and milkshakes are available all day long.
18. Do residents have privacy in making and receiving phone calls?	Not assessed	

19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a Resident's Council? Family Council?	Yes See note	Have Resident's Council. Not addressed on this visit.
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	No "Areas of Concern" were noted during the visit. They have a big well decorated bulletin board (called a Gem board) that is being utilized to acknowledge employees that have gone above and beyond. Names are drawn monthly and are eligible for prizes.

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.