

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: 10/15/2024	Time spent in facility: 1hr 30 min	Arrival time: 2:25pm
Name of person exit interview was held with: X Director SIC (Supervisor in Charge) Other Staff Rep.		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title) Lisha Vandersteen, MHA, Executive Director
Committee Members Present: Kevyn Immerman & Sigi Markworth, Billy Cummings & Barbara Gustinis (member in training)		Report Completed by: Sigi Markworth
Number of Residents who received personal visits from committee members: 10 residents, 1 family member, 1 staff		
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 n/a

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents appeared 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	Not directly observed at the time of the visit, but the residents and family we spoke with in both assisted living and memory care stated that they receive very good care by staff.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Observed positive interaction between staff and residents both in assisted living and memory care.
4. Were residents interacting with staff, other residents & visitors?	Yes	Residents and staff were observed to interact positively with each other. At the time of visit, memory care residents were watching a movie and the verbal residents were interacting with each other. One resident stated that she has made many good friends since arriving at the facility. One family member in memory care brought their dog for his wife which she enjoyed.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Several residents had difficulty communicating in memory care and staff members who walked by appeared very familiar with the residents and spoke with them in a calm and positive manner.
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	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.
9. Did you notice unpleasant odors in commonly used areas?	No	The assisted living area appeared clean & in good repair. No odors.
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	No	No complaints at time of visit.
12. Does the facility accommodate smokers? Where? Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Yes	Smoking is allowed outside.
13. Were residents able to reach their call bells with ease?	NA	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	NA NA	Not addressed this visit but call bell response time is monitored centrally, and staff wear pagers.
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	Per previous visits, 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 of meals and where to dine. A menu was displayed at the entrance of the dining room. All but one residents and family members the CAC spoke with were very happy with the food (choices and quality).
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 (memory care had large print and identified current day). Activities are color coded by type (i.e., emotional, environmental, intellectual, physical, social, spiritual, vocational) and exhibit community involvement. The legend clearly identifies locations and has residents' birthdays.
20. Does the facility have a Resident's Council? Family Council?	Yes	All staff/departments are included in the residents' monthly meeting including clinical, business, housekeeping, and dietary needs. 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? N/A	No	The Exit interview was held with Ms. Lisha Vandersteen, MHA who is a new staff member and local to the area. Positive observations were shared re. residents' and family members' comments re. care, activities, and food.

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.