

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

County: Chatham	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: The Arbor Census – current/licensed: 72/91 (37 skilled, 35 assisted living and memory care combined).
Visit Date and day of the week 3-11-15 Wednesday	Time spent in facility 1 hour 20 minutes	Arrival time 4:05 PM
Name of person(s) with whom exit interview was held Assisted Director of Nursing and Social Worker		Interview was held in person. Yes
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members -13		Report completed by:
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted: Yes	
The most recent survey was readily accessible Life Safety Code survey 10/24/14 No Harm	Staffing information clearly posted? Yes	

<b>Resident Profile</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
1. Do the residents appear neat, clean and odor free?	Yes	1. Very neat and clean and odor free. 2. Residents report they receive good care. 3. Residents congenial and willing to talk with ombudsman.
2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses)	Yes	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
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	
5a Did staff members wear nametags that are easily read by residents and visitors?	Yes	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	N/A	

<b>Resident Living Accommodations</b>	<b>YesNo N/A</b>	<b>Comments/Other Observations (please number comments)</b>
8. Did residents describe their living environment as homelike?	Yes	8. Assisted Living apartments home like with personal furniture, family photos, magazines, and pets.
9. Did you notice unpleasant odors?	No	
10. Did you see items that could cause harm or be hazardous?	No	
10a. Were unattended med carts locked?	Yes	
10b. Were bathrooms clean, odor-free and free from hazards?	Yes	
10c. Were rooms containing hazardous materials locked?	Yes	
11. Did residents feel their living areas were kept at a reasonable noise level?	Yes	
11. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the building	No	
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner?	Yes	
14a If no, did you share this with the administrative staff?	N/A	

\*\*\* N/A equals not applicable, not asked, not observed

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	15 a. Trivia in the Assisted Living. DVD travelogue in the Memory Care (Pamlico). 17a Residents go to the dining room to visit with friends, "Food is pretty good." 19. Residents are able to join those in independent living for events.
15a. Was a current activity calendar posted in the facility?	Yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	Yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A	
16a. Can residents access their monthly needs funds at their convenience?	N/A	
17. Are residents asked their preferences about meal & snack choices?	Yes	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience?	Yes	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	Yes	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	Yes Yes	

Areas of Concern	Exit Summary
<p data-bbox="115 1066 784 1129">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <hr/> <p data-bbox="115 1165 552 1192">There were no issues noted this visit.</p>	<p data-bbox="816 1066 1507 1228">Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <hr/> <p data-bbox="816 1302 1474 1365">Discussed observations and responses of residents. The patio is landscaped with spring plants.</p>

**Community Advisory Committee  
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**Facility/ Date** The Arbor 3/11/15

Culture Change / Person Centered Thinking	Comments/Responses
<p><b>1. Directed to residents –</b></p> <ul style="list-style-type: none"> <li>a. What is one thing you would change here to make your life better?</li> <li>b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed?</li> <li>c. What’s important to you while dining?</li> <li>d. What would make your dining experience here more like home?</li> <li>e. Is listening to music something you’ve enjoyed?</li> </ul>	<ul style="list-style-type: none"> <li>a. Out my window I watch the birds come to the feeder but they need to put out more bird seed. I would like to see flowers outside. (Each month My daughter brings a pot of different flowers for my room.</li> <li>b. I like to dress well when I go to the dining room.</li> <li>d. Warm food. Sometimes the food is served cold.</li> </ul>
<p><b>2. Directed to the administrator or supervisor-in-charge</b></p> <ul style="list-style-type: none"> <li>a. What are you doing to incorporate residents’ wants and needs in every aspect of their lives and assure a home-like environment?</li> <li>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</li> <li>c. What are you doing to make the dining experience a pleasant one for your residents?</li> <li>d. Are you offering personalized music to your residents?</li> </ul>	<ul style="list-style-type: none"> <li>a. Residents come from Galloway Ridge Independent living. We are able to accommodate their preferences.</li> <li>b. Consistent assignments in Memory Care.</li> <li>c. Theme oriented dining – Life Enrichment. Recently Chinese New Year: ordered out Chinese Food.</li> <li>d. Music Therapy, sing-a-longs. Music with iPods work well with residents experiencing “sundown syndrome”</li> </ul>