

**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 type="checkbox"/> Nursing Home	Facility Name: Chatham Ridge Census: 22/91 12/32 in Memory Care unit 10/59 in Assisted Living
Visit Date and day of the week 7/27/15 Monday	Time spent in facility 1.75 hr.	Arrival time 3:00pm
Person(s) with whom exit interview was held Executive Director		Interview was held in person YES

Committee members present: Three Committee Members

Number of residents who received personal visits from committee members 3 residents

Resident Rights information is clearly posted? NO	Ombudsman contact information is correct and clearly posted? NO
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The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : n/a	Staffing information clearly posted? Yes
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Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	
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? (note: Do not ask about confidential information without consent)		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	
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	
12. Does the facility accommodate smokers?	Yes	
12a. Where? (Outside / inside / both)	outside	
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner?	*did not observe	

14a. If no, did you share this with the administrative staff?
 *** N/A equals not applicable, not asked, not observed

Facility / date: 7-27-15 Chatham Ridge

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	Residents happy with care and provided sense of safety. Food is good. Offered choices.
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	Resident Council is held, Food Service Director and Activity Director in attendance.
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	n/a	Transportation only to doctor's appointments.
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	Yes	Residents like the activities offered. Have a separate activity room both in Horizon's neighborhood and Assisted Living. Full kitchen in the AL activity room. Residents stated enjoying sing-alongs and music concerts.
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Yes	
17c. Is fresh ice water available and provided to residents?	n/a	
18. Do residents have privacy in making and receiving phone calls?	Yes	Facility is implementing Music and Memory via a grant received.
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 To be established, too new	

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? None at this time	Discuss items from "Areas of Concern" Section as well as committee or community could help address? Executive Director provided a tour of the facility. New facility opened 4/21/2015. Facility has three wings of Assisted Living and one wing of Memory care unit, called Horizon's Neighborhood. Facility provides three levels of care and few rooms for enhanced care "end of life". Rooms can be shared or private. Basic cable included. Residents can do own laundry or facility will. Furniture is provided if resident would like: bed, dresser, nightstand, sheets, comforter, and lamp. Residents Rights and Ombudsman contact information needs to be posted.

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