

**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: Pittsboro Christian Village Census: 23/40
Visit Date and day of the week Friday Aug 14,2015	Time spent in facility 1 hr	Arrival time 11:00 am
Person(s) with whom exit interview was held Dir of Residential Services		Interview was held in person yes
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members 8		
Resident Rights information is clearly posted? yes	Ombudsman contact information is correct and clearly posted? yes	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : yes	Staffing information clearly posted? yes, 5 CNAs scheduled for day shift	
Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	1.All residents were up and dressed. 3.Aide was very polite to resident, asking if she wanted to go to the bathroom before lunch
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)	N/A	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N/A	
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?	N/A	
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)	N/A	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	9. Allowed personal items and furniture in rooms, very clean and no odors 14. Observed quick response to resident request.
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?	No	
12a. Where? (Outside / inside / both)		
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 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	15b. Many residents were attending Bible reading. Today was "Hawaiian Day" Food, dress and decorations for the days celebration of birthdays and anniversaries. Routine trips to local stores offered. Swimming Pool and exercise classes offered during summer months. 17b. Family style dinning
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? (#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	
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.)	N/A	
17a. Are they given a choice about where they prefer to dine?	No	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	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	

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? <hr/> No.	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? <hr/>