

**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 – current/licensed: 48/91 – 22/32 in Memory Care unit (Horizons) 26/59 in Assisted Living
Visit Date and day of the week 2/8/2016 Monday	Time spent in facility 1 hours 30 minutes	Arrival time 3:30PM
Name of person(s) with whom exit interview was held with Executive Director		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: 2 CAC members present during visit		
Number of residents who received personal visits from committee members 9		Report completed by: CAC Member
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) : N/A	Staffing information clearly posted? N/A	

<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?	Y	
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)	Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Y	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Y	
5a Did staff members wear nametags that are easily read by residents and visitors?	Y	
6. Did you observe restraints in use?	N	
7. If so, did you ask staff about the facility's restraint policies? Note: Do not ask about confidential information without consent		

<b>Resident Living Accommodations</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
8. Did residents describe their living environment as homelike?	Y	14. Didn't observe.
9. Did you notice unpleasant odors?	N	
10. Did you see items that could cause harm or be hazardous?	N	
10a. Were unattended med carts locked?	Y	
10b. Were bathrooms clean, odor-free and free from hazards?	Y	
10c. Were rooms containing hazardous materials locked?	Y	
11. Did residents feel their living areas were kept at a reasonable noise level?	Y	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	outside	
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner?		
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?	Y	Observed resident getting nails done and playing checkers.  One resident is vegetarian and Food Service Director makes sure to have enough vegetable options too.
15a. Was a current activity calendar posted in the facility?	Y	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	Y	
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?	Y	
17a. Are they given a choice about where they prefer to dine?	Y	
17b. Did residents express positive opinions regarding their dining experience?	Y	
17c. Is fresh ice water available and provided to residents?	N/A	
18. Do residents have privacy in making and receiving phone calls?	Y	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Y	
20. Does the facility have a functioning: Resident's Council? Family Council?	Y	

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <hr/> <p>Next visit need to ask if Music and Memory has started. Staff had been trained and they were waiting on the devices in November.</p>	<p>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>ED will follow up on the medication concern brought to her attention.</p>