

**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: Cambridge Hills Assisted Living Census: 84/90
Visit Date and day of the week 2/26/14 Wednesday		Time spent in facility 1.5 hr.	Arrival time 5:30p.m.
Person(s) with whom exit interview was held Med Tech in charge		Interview was held in person YES	
Committee members present: Two Committee Members			
Number of residents who received personal visits from committee members: 14 residents, 1 family			
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) :		Staffing information clearly posted? No – Located in the Staff Lounge. The posting is up for March listing staff by first name only. Discipline not identified.	
Resident Profile		Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?		Yes	1. Some residents had food down the front of their clothes. They had just come from the evening meal. 3. Observed a nurse assistant responding harshly to a resident in need of assistance. Resident Advocate returned about 15 minutes later and observed the resident appeared to be slipping down in her wheelchair. Ombudsman sought assistance from another nurse assistant. 4. Residents observed to be walking the hall, watching TV or sitting by themselves. Residents in memory care unit appeared quiet and apprehensive. Staff either sitting or standing around the staff station.
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?		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?		No	
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	8. For the most part. "Its okay". 10a. Advised med tech of unlocked cart. 10b. Observed a resident leaving her room with bags of trash on her lap. Observed a cluttered room with stacks of items on various pieces of furniture. The room had an unpleasant odor.
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?	no	
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?	Yes	
14a. If no, did you share this with the administrative staff?		

Facility / date: 2-26-14 Cambridge Hills

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	15a. Noticed a posting that therapy dogs visit regularly.
15a. Was a current activity calendar posted in the facility?	Yes	15.b Several residents sitting in the main area; some watching TV. Others sitting in place.
15b. Were activities scheduled to occur at the time of your visit actually occurring?	NO	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Yes	17. Most of the residents were returning from their dinner. The appearance of the dinner plates indicated the residents had consumed the food on the plates.
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	20. Noted that copies of resident council meetings are available in activity room.
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	
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	
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="90 1228 756 1285">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p data-bbox="90 1325 683 1352">Locked Med carts. Staff interaction with residents.</p>	<p data-bbox="824 1228 1507 1285">Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p data-bbox="824 1325 1507 1486">Give summary of visit with SIC. Discussed the interaction of nurse assistant with resident in need of assistance. SIC and staff aware of resident with the cluttered room and continue to work with the resident. Discussed unlocked medication cart.</p>