

**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: Total 71 (13/15 memory)
Visit Date and day of the week 3-13-14 Thursday	Time spent in facility 1.30 H	Arrival time 11AM
Person(s) with whom exit interview was held Administrator and Nurse Supervisor		Interview was held in person y
Committee members present: Three Committee Members		

Number of residents who received personal visits from committee members 11

Resident Rights information is clearly posted? y	Ombudsman contact information is correct and clearly posted? y
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : July 2013 Survey results located in notebook at the nurses station of the Certified - Skilled Care unit	Staffing information clearly posted? n

<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	Observed for oral hygiene per December visit concern. There were no issues with oral hygiene this visit. 2. Residents reported "they take good care of me". Other resident reported "well there are good things and not so good things".
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)	N/A	

<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?	Yes	13. Residents reported that their call bells were answered immediately.  12a. This is a smoke free facility.
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)	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?	Yes	

\*\*\* 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. Residents in Memory Care participating in ball toss with care provider. 16a. A small store for residents use to purchase sundries and snacks.
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?	Yes	
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.)	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?	Yes	
18. Do residents have privacy in making and receiving phone calls?	N/A	
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
<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>There are no issues in need of follow-up.</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>There were no issues in need of discussion. The administrator informed the Resident Advocates of the Claudia Allen Assessment Tool that he is training multidisciplinary staff to use. This system provides opportunities for all levels of staff including dietary to participate in facilitating resident responsiveness to daily living. Administrator will contact Triangle J Ombudsman to plan for another Virtual Dementia Tour for his staff and himself. The administrator and staff present plan is to explore the Music and Memory Initiative.</p>