

**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: Carolina Meadows Fairways and Green  Census: 65/95 (9/14 in mem care)
Visit Date and day of the week Thursday 20Mar2014	Time spent in facility 1hr 30min	Arrival time 10:00 am	
Person(s) with whom exit interview was held Manager		Interview was held in person Yes	
Committee members present: Three Committee Members			
Number of residents who received personal visits from committee members 7			
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?		Yes	4) Residents were observed interacting with staff, other residents and visitors and engaging in conversation.
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)			
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)			

<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	Residents stated that they were happy to be there and were well cared for. One resident took committee members up to her apartment to show them how nice it was.
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?		N/A	
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?		N/A	
14. Did staff answer call bells in a timely & courteous manner?		N/A	
14a. If no, did you share this with the administrative staff?			

\*\*\* N/A equals not applicable, not asked, not observed

Facility / date:

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) Committee members observed several members attending a 'book review' event on-screen. Also, the exercise class was in progress. 16) All residents can use the on-site gift shop and can go to shopping centers if they choose, and can get transportation if needed.
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)		
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?	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 data-bbox="90 1115 760 1178">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <hr data-bbox="90 1199 797 1205"/> <p data-bbox="90 1213 716 1245">There were no issues requiring follow up at this visit.</p>	<p data-bbox="821 1115 1507 1276">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 data-bbox="821 1297 1511 1304"/> <p data-bbox="821 1316 1498 1409">The committee members shared the experiences of the good visit with the Manager and stated that there were no areas of concern from this visit.</p>