

**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 –66 (14 memory care, 16 Assisted Living -AL, Skilled Nursing –SN 30 [Carolina Catering, 6) Licensed for 91
Visit Date and day of the week Sept 9 Tuesday	Time spent in facility 2 hours 30 minutes	Arrival time 11:00 am
Name of person(s) with whom exit interview was held Executive Director and Interim Nurse Director		Interview was held in person
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members - 8		Report completed by:
Resident Rights information is clearly posted? Y adjacent to nurses stations	Ombudsman contact information is correct and clearly posted:	
The most recent survey was readily accessible Y NHs only July 2013 Survey results located in notebook at the nurses station of the Skilled Care unit.	Staffing information clearly posted? Y – skilled nursing at the nurses station. Had to request viewing at the Assisted Living nurse station.	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Y	1. Odor (need for toileting) observed with one resident in Skilled section.
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	N/A	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Y	8. Residents comments: "I would rather be at home" "Somewhat" "It's okay, they take good care of me" "My artwork on the wall made it more homelike" 10. The bathroom sliding door in one unit appears to be separating from the slide track. Resident stated the door will fall from the track. 12. Smoke Free facility
9. Did you notice unpleasant odors?	N	
10. Did you see items that could cause harm or be hazardous?	Y	
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	N	
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner?	Y	
14a If no, did you share this with the administrative staff?	N/A	

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	15b. Observed Memory Care unit activity – exercise rather than bowling – per residents’ preference. 17b. “Food’s okay”, “Food is not very good but my appetite isn’t either” 19. Religious services including priest for Roman Catholic faith are offered and posted on the calendars. 20. Family Council for residents of Pamlico Cove (memory care)
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?	N	
17c. Is fresh ice water available and provided to residents?	Y	
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 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>Observe if door to bathroom has been repaired.</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>Discussed the need to repair bathroom track door. The resident is in the Carolina Catering section where assistance is not part of the program except as needed for medication box (management) or other privately requested services.</p> <p>The Companion program is available on a private pay basis. The Companions are certified nurse assistants employed by Galloway Ridge.</p>

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The ARBOR 9-9-14

Culture Change / Person Centered Thinking	Comments/Responses
<p>1. Directed to residents –</p> <ul style="list-style-type: none"> a. What is one thing you would change here to make your life better? b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed? c. What’s important to you while dining? d. What would make your dining experience here more like home? e. Is listening to music something you’ve enjoyed? 	<ul style="list-style-type: none"> a. Prefer to not be charged for companion to accompany me for medical clinic visit. This resident had no family to make medical visit for follow-up of previous surgery. Companion Service is available to residents @ \$24/hr. a-1 Participant in Caregiver council observed the administration views the Caregiver council as ‘outsiders’. Have just recently started meeting with administration. a-2 “Don’t get me started...I could write a book” b. Yes. c. Choices – once the choice has been made there is not any way to change when dining.
<p>2. Directed to the administrator or supervisor-in-charge</p> <ul style="list-style-type: none"> a. What are you doing to incorporate residents’ wants and needs in every aspect of their lives and assure a home-like environment? b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents? c. What are you doing to make the dining experience a pleasant one for your residents? d. Are you offering personalized music to your residents? 	<ul style="list-style-type: none"> a. When entering Galloway Ridge an extensive questionnaire is completed. When moving from Independent Living to AL or SN rely on resident and/or family, friends for information. b. Yes for consistent assignments, preference of residents. c. Most residents are extremely pleased with food. Staff report the food is very good. (Observed food prepared for residents in AL/SN appropriate for chewing and swallowing capacity.) d. Music and Memory is to be instituted. Sigma Pi students at UNC are working with staff to prepare iPods with music.