

**Community Advisory Committee
Quarterly/Annual Visitation Report**

County Chatham	Facility Type <input type="checkbox"/> Family Care Home x <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Pittsboro Christian Census – current/licensed: 20/40
Visit Date and day of the week 8-14-14 Thursday	Time spent in facility 1 hours minutes	Arrival time 11:00
Name of person(s) with whom exit interview was held Administrator		Interview was held <input type="checkbox"/> in person-yes
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members -7		Report completed by:
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? yes	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	yes	
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?	n/a	
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	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	yes	10. Renovations to facility caused minimal disruption to residents. Many new improvements are being made to facility, entrance, family room, rooms being update in addition to new generators .
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? Note: By regulation smoking is only permitted outside of the building	no	
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?		

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

Facility / Date: Pittsboro Christian 8-14-14

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. Bible study had just completed 17b. Residents enjoy family style dining that includes independent living residents- the general opinion is that the food is "good" 18. each resident has their own phone in rooms
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?	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?	yes	
17a. Are they given a choice about where they prefer to dine?	yes	
17b. Did residents express positive opinions regarding their dining experience?	yes	
17c. Is fresh ice water available and provided to residents?	yes	
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	

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow up or review at a later time or during the next visit? None at this time	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? No areas of concern during this visit.

**Community Advisory Committee
Quarterly/Annual Visitation Report Addendum**

Facility/ Date **Pittsboro Christian 8-14-14**

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? 	<p>1a “can’t think of anything”</p> <p>1b. “I go to bed when I want-but have a routine” “I can choose what time I go to bed” “ I pick out my clothes, but the girls help me with my decisions”</p> <p>1c. “good healthy food” “friends and conversation”</p> <p>1d. “family style”</p> <p>1e. “I have a room full of records and play the piano every day”</p>
<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? 	<p>2a. residents complete a “registry” upon admission that lists likes, dislikes, interests hobbies, etc. Administrator meets with each resident individually twice a year in addition to quarterly resident council. Administration has a daily presence within the facility and accessible to residents</p> <p>2b. Being a small facility, all CNAs know all the residents so staffing changes are not a disruption to the resident.</p> <p>2c. Family style dining, where staff also eat with residents. The cook rounds during the meal getting feedback. Resident advisory committee meets to review menu changes, Residents are offered a suggestion box in the dining room.</p> <p>2d. Christian/Church music is preferred by the residents</p>