

**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  Census – current/licensed: 84/90
Visit Date and day of the week 9-25-14 Thursday	1.5 hours	Arrival time 4 pm
Name of person(s) with whom exit interview was held Executive Director		Interview was held in person - Yes
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members- 13		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 NHs only – record date of most recent survey posted) :	Staffing information clearly posted? NA	

<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?	Y	1.General atmosphere upbeat. Residents smiling, appear cheerful, talkative when approached. 2. Residents report desire to do as much for themselves as they can.
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?	NA	
5a Did staff members wear nametags that are easily read by residents and visitors?	N	
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		

<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?	Y	For the most part. Residents personalize their rooms.
9. Did you notice unpleasant odors?	N	
10. Did you see items that could cause harm or be hazardous?	N	
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	outside	
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?	NA	

\*\*\* 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?	Y	15. At admission and during Resident Council. 15b. Some residents in the common area watching a movie. 16. Many residents report that family purchases items for their needs. 17. During admission and Residents Council. 17 b. Some say the food is okay but not like home. 18. Many residents have personal cell phones. 19. Religious groups bring services and music to residents. Pet Therapy with dogs has been restarted.
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?	N	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Y	
16a. Can residents access their monthly needs funds at their convenience?	Y	
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
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  <hr/> None	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?  <hr/> There were no areas of concern.

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

Facility/ Date Cambridge Hills 9-25-14
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Culture Change / Person Centered Thinking	Comments/Responses
<p><b>1. Directed to residents –</b></p> <ul style="list-style-type: none"> <li>a. What is one thing you would change here to make your life better?</li> <li>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?</li> <li>c. What’s important to you while dining?</li> <li>d. What would make your dining experience here more like home?</li> <li>e. Is listening to music something you’ve enjoyed?</li> </ul>	<ul style="list-style-type: none"> <li>a. Residents say more staff b/c they rush during their care. Transportation to medical visits needs to be arranged and sometimes the clinic apt needs to be changed due to other transportation needs.</li> <li>b. Yes – offered choices.</li> <li>e. Yes, I enjoy music.</li> </ul>
<p><b>2. Directed to the administrator or supervisor-in-charge</b></p> <ul style="list-style-type: none"> <li>a. What are you doing to incorporate residents’ wants and needs in every aspect of their lives and assure a home-like environment?</li> <li>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</li> <li>c. What are you doing to make the dining experience a pleasant one for your residents?</li> <li>d. Are you offering personalized music to your residents?</li> </ul>	<ul style="list-style-type: none"> <li>a. Meet with the Residents Council. Ask specific questions about i.e. Does housekeeping empty your trash? Receive requests for changes in menus. Discuss potential activities. Incorporate resident care for those with Parkinson’s Disease.</li> <li>b. Same staff are assigned to the same hall. There are occasions where different staff are needed to care for residents in Memory Care unit (resident preference/cooperative.)</li> <li>c. Dining areas designated at the end of each of two halls. Smaller, less crowded area. Memory Care unit has a dining area.</li> <li>d. Music is personalized for residents receiving Hospice services. Music is available for residents in Memory Care unit.</li> </ul>