

**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 Census: 73/95
Visit Date and day of the week 2 Dec 2014, Tuesday	Time spent in facility 1 hr 15 min	Arrival time 10:45
Person(s) with whom exit interview was held Life Services Manager		Interview was held in person Yes
Committee members present: Two Committee Members		

Number of residents who received personal visits from committee members 6

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) : Yes	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	Residents constantly complemented the excellent staff and the delicious food.
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?	N/A	
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	One resident commented on the quietness and home environment of the dining room.
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?	N/A	
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?	N/A	
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

