

**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 11/20/14 Thursday	Time spent in the facility 1 hr 30 min	Arrival time 4 pm
Name of person(s) with whom exit interview was held Med Tech In Charge		Interview was held in person
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members- 17		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 NA	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?	Y	1.General atmosphere upbeat. Residents smiling, appeared cheerful, talkative when approached. 2. Residents reported 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		

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 personalize their rooms with photos and many bring their own furniture and quilts. 9. While visiting with two residents noted unpleasant odor.
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.
15a. Was a current activity calendar posted in the facility?	Y	15b. Some residents in the common area watching a movie as they waited for supper.
15b. Were activities scheduled to occur at the time of your visit actually occurring?	N	16. Many residents report that family purchases items for their needs.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Y	17. During admission and Residents Council.
16a. Can residents access their monthly needs funds at their convenience?	Y	17 b. Some say the food is okay but not like home.
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. Many residents have personal cell phones.
18. Do residents have privacy in making and receiving phone calls?	Y	19. One resident participates in the local PACE program. Religious groups bring services and music to residents. Family of a resident expressed appreciation for the Music ministry provided by a local church.
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>No areas of concern.</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 observations of visit. Residents are toileted every two hours as needed.</p> <p>Staff reported their participation in Virtual Dementia training.</p> <p>Informed staff of availability on Netflix "Alive Inside" an update of how Music enhanced memory.</p>

**Community Advisory Committee
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Facility/ Date Cambridge Hills 11-20-14
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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. Residents report that it is okay here. b. Yes – I choose my clothes. I can sleep when I want. e. Yes, I enjoy music.
<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. At admission residents are asked their preferences. Residents are placed in private rooms per their preference. b. Same staff are assigned to the same hall. c. Dining areas designated at the end of each of two halls. Residents who prefer one dining area over another are served in that area. Some prefer the smaller, less crowded area. d. Music is personalized for residents receiving Hospice services. Music is available for residents in Memory Care unit.