

**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 – current/licensed: 69/91; 30 skilled, 39 assisted living and memory care combined. |
| Visit Date and day of the week 12/12/14; Friday | Time spent in facility 1 hour 20 minutes | Arrival time 1055 AM |
| Name of person(s) with whom exit interview was held Interim Administrator and Interim Director of Nursing | | Interview was held in person. |
| Committee members present: Three Committee Members | | |
| Number of residents who received personal visits from committee members 12 residents; 3 nursing assistants | | 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 October 2014, no deficiencies per interim Administrator | 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 | 1. Resident reported, “Getting assistance with dressing very quickly when assistance is requested.” |
| 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? | Yes | |
| 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? | N/A | |

| Resident Living Accommodations | YesNo N/A | Comments/Other Observations (please number comments) |
|---|----------------------|--|
| 8. Did residents describe their living environment as homelike? | Yes | 1. Resident states, “This is like being at home even though it is not really home because we watch football and have friends and family over often.” |
| 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 | |
| 11. 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 | |

*** 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? | Yes | 1. Basketball was being played in the memory care unit. 2. Residents stated, "Food is pretty good." |
| 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 Yes | |

| 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>Follow-up from a broken door from last visit had been repaired. There were no issues noted this visit.</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>There were no issues noted this visit.</p> |

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

Facility/ Date The Arbor 12/12/14

| 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"> 1. “Nothing I can think of, I have my family, friends, and my church.” 2. “I choose what I wear and when I want to do things except for eating, if I want to go to the dining room.” 3. “Friends” 4. “Having more homemade food.” 5. “I like music. It has been a big part of my life.” Residents reported liking hymns, gospel, and classical 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? | <p>Unable to ask due to a family care plan meeting.</p> |