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

**County:** Chatham  
**Facility Name:** The Arbor  
**Census – current/licensed:** 70/91

<table>
<thead>
<tr>
<th>Facility Type</th>
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</thead>
<tbody>
<tr>
<td>Family Care Home</td>
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<tr>
<td>Adult Care Home</td>
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<tr>
<td>Nursing Home</td>
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</table>

**Visit Date and day of the week:** 5/26/15 Tuesday  
**Time spent in facility:** 1 hour 45 minutes  
**Arrival time:** 1105

**Name of person(s) with whom exit interview was held:** DON and Administrator  
**Interview was held in person:** Yes

**Committee members present:** Three Committee Members  
**Number of residents who received personal visits from committee members:** 8, plus one family member

**Resident Rights information is clearly posted?** Yes  
**Ombudsman contact information is correct and clearly posted:** Yes  
**The most recent survey was readily accessible** Yes  
**Staffing information clearly posted?** Yes

### Resident Profile

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments/Other Observations (please number comments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do the residents appear neat, clean and odor free?</td>
<td></td>
<td>Yes</td>
<td></td>
<td>1. Residents appeared neat and clean.</td>
</tr>
<tr>
<td>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)</td>
<td>Yes</td>
<td></td>
<td></td>
<td>4. Staff was interacting even with residents that had cognitive impairments.</td>
</tr>
<tr>
<td>3. Did you see or hear residents being encouraged to participate in their care by staff members?</td>
<td>Yes</td>
<td></td>
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<tr>
<td>4. Were residents interacting with staff, other residents &amp; visitors?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>5a Did staff members wear nametags that are easily read by residents and visitors?</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>6. Did you observe restraints in use?</td>
<td>No</td>
<td></td>
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<tr>
<td>7. If so, did you ask staff about the facility’s restraint policies?</td>
<td>N/A</td>
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</table>

### Resident Living Accommodations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments/Other Observations (please number comments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Did residents describe their living environment as homelike?</td>
<td>Yes</td>
<td></td>
<td>N/A</td>
<td>13. Call bells were answered promptly.</td>
</tr>
<tr>
<td>9. Did you notice unpleasant odors?</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>10. Did you see items that could cause harm or be hazardous?</td>
<td>No</td>
<td></td>
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<tr>
<td>10a. Were unattended med carts locked?</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>10b. Were bathrooms clean, odor-free and free from hazards?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10c. Were rooms containing hazardous materials locked?</td>
<td>Yes</td>
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<tr>
<td>11. Did residents feel their living areas were kept at a reasonable noise level?</td>
<td>Yes</td>
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</tbody>
</table>
| 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
<table>
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<tr>
<th>Resident Services</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments/Other Observations (please number comments)</th>
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<tbody>
<tr>
<td>15. Were residents asked their preferences or opinions about the activities planned for them at the facility?</td>
<td>N/A</td>
<td></td>
<td></td>
<td>Morning activities were occurring in the memory care unit and assisted living.</td>
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<tr>
<td>15a. Was a current activity calendar posted in the facility?</td>
<td>Yes</td>
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<tr>
<td>15b. Were activities scheduled to occur at the time of your visit actually occurring?</td>
<td>Yes</td>
<td></td>
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<tr>
<td>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</td>
<td>N/A</td>
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<tr>
<td>16a. Can residents access their monthly needs funds at their convenience?</td>
<td>N/A</td>
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<tr>
<td>17. Are residents asked their preferences about meal &amp; snack choices?</td>
<td>Yes</td>
<td></td>
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<tr>
<td>17a. Are they given a choice about where they prefer to dine?</td>
<td>Yes</td>
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<tr>
<td>17b. Did residents express positive opinions regarding their dining experience?</td>
<td>Yes</td>
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<tr>
<td>17c. Is fresh ice water available and provided to residents?</td>
<td>Yes</td>
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<td>18. Do residents have privacy in making and receiving phone calls?</td>
<td>Yes</td>
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<td>19. Is there evidence of community involvement from other Civic, volunteer or religious groups?</td>
<td>Yes</td>
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<tr>
<td>20. Does the facility have a functioning: Resident’s Council? Family Council?</td>
<td>Yes</td>
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<tr>
<th>Areas of Concern</th>
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<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
</tr>
<tr>
<td>N/A</td>
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<th>Exit Summary</th>
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<tr>
<td>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?</td>
</tr>
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</table>

Concerns about some residents in assisted living had pronounced cognitive impairments. Nurses assess residents daily to determine if current living arrangements are appropriate and behavioral meetings are held weekly. The goal is to try to keep the residents independent for as long as possible.

A resident reported items that had been put away by staff were not able to be located. Social worker is to be contacted by resident.