

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

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| County: Chatham | Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home | Facility Name: Pittsboro Christian Village Census: 23/40 |
| Visit Date and day of the week Monday 5/23/16 | Time spent in facility 1 hr | Arrival time 10:30 AM |
| Person(s) with whom exit interview was held Executive Directort | | Interview was held in person yes |
| Committee members present: Two | | |
| Number of residents who received personal visits from committee members 6 | | |

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| 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) : | Staffing information clearly posted? n/a |

| Resident Profile | Yes No N/A | Comments/Other Observations (please number comments) |
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| 1. Do the residents appear neat, clean and odor free? | Yes | Residents expressed satisfaction with their care and services provided by this facility. |
| 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) | N/A | |
| 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? (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 | 9. Very clean and no odors. |
| 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? | No | |
| 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 | |
| 12. Does the facility accommodate smokers? | No | |
| 12a. Where? (Outside / inside / both) | | |
| 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 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? | No | 15b. Bible classes . Independent living residents attend groups and socially interact with Adult Care Home residents. 17b. All residents dine family style in the main dining room. Atmosphere is airy and bright. |
| 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? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs) | N/A | |
| 17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.) | N/A | |
| 17a. Are they given a choice about where they prefer to dine? | No | |
| 17b. Did residents express positive opinions regarding their dining experience (the food provided)? | 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? | No | |

| Areas of Concern | Exit Summary |
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| Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <hr/> No. | 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/> Executive Director was welcoming and pleased to have us visit. He was warm and caring toward the residents. |