

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

County: Chatham	Facility Type <input type="checkbox"/> Family Care Home Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: The Arbor Census: 76
Visit Date and day of the week Tuesday December 13, 2016	Time spent in facility 1 hr. 35 min	Arrival time 11:00
Person(s) with whom exit interview was held Janae Brown Social Worker		Interview was held in person -YES

Committee members present: Martha Tollers, Vicki Evans, and Carolyn Townsend

Number of residents who received personal visits from committee members. 10, 2 staff

Resident Rights information is clearly posted? YES	Ombudsman contact information is correct and clearly posted? Phone correct - Need to correct name of Region J Ombudsman.
The most recent survey was readily accessible 7/6/16 YES	Staffing information clearly posted? In nursing office

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Y	
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?		
5a. Did staff members wear nametags that are easily read by residents and visitors?	Y	
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)	N/A	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Y	8. Personal furniture, nick-knacks, books, etc. 9. Noted nurse assistant wearing 'heavy' scented perfume. Central area in skilled nursing faint odor or need for toileting. 10. Housekeeping wipes dry the areas of wet moping. 13. Residents wear pendants or call bell on bedside rail.
9. Did you notice unpleasant odors?	N	
10. Did you see items that could cause harm or be hazardous?	Y	
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?	N	
12a. Where? (Outside / inside / both)	N/A	
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?		

Facility / date: The Arbor 12-13-16

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	15b. Some residents of memory unit on outing to Botanical Gardens. 17. Menu selection offered prior to each meal. 18. Many residents have personal cell phones/ or landlines. 20. Resident Council meets monthly Individual resident/family Care Plan meeting conducted quarterly. Daily – unit staff meetings conducted for exchange of information re residents with care needs etc.
15a. Was a current activity calendar posted in the facility?	Y	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	Y	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Y	
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)	Y	
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.)	Y	
17a. Are they given a choice about where they prefer to dine?	Y	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Y	
17c. Is fresh ice water available and provided to residents?	Y	
18. Do residents have privacy in making and receiving phone calls?	Y	
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	

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Observe for corrected name of Region J Ombudsman.	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Discussed need for changing clock on the memory unit from daylight saving to eastern standard time. Discussed staff dress code re: wearing scented perfume/lotion. Heavy scents are not acceptable. Residents may receive health assessments/clinic evaluation at Duke Clinic on site. UNC clinical assessments also available on site.