

**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: 84/90
Visit Date and day of the week Wednesday September 7, 2016	Time spent in facility 1 hour – 30 min	Arrival time 10:30 am
Person(s) with whom exit interview was held Julie Brown		Interview was held in person YES

Committee members present: Andy Sutton and Carolyn Townsend

Number of residents who received personal visits from committee members. 9 resident, 1 visitor

Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted? Yes
The most recent survey was readily accessible	Staffing information clearly posted? In the break room

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Y	1. Facility/rooms/residents odor free with exception of main hall where touch-up painting of doorframes and bathroom areas was being done. 2. Residents appeared well groomed, clean color-coordinated clothes.
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?	Y	
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)	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. Somewhat; residents say they like it here.
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?	Y	
12a. Where? (Outside / inside / both)	Outside	
13. Were residents able to reach their call bells with ease?	N/A	
14. Did staff answer call bells in a timely & courteous manner?	Y	
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?	Y	15. Resident admission and Resident's Council. Noted residents seated in main area working on puzzle; another resident working on crayon art. 15b. Harpist from Raleigh today. Trip to Jordan Lake planned for next Tuesday. Last year 72 residents and family attended for an active outing. 17. /17b. Food Council has been established. Residents voice differing opinions about food. 99% of residents are up for breakfast. 17c observed cups of water at bedside and in main sitting area for some residents. 20 Family Council is held quarterly: only 4 families have been attending. Just recently changed the meeting from evening to afternoon.
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?	N/A	
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
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? No follow-up needed	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Touch-up painting is needed @ door frames – wheel chairs, walkers entering through the doors damage the paint with scrapes and scratches. Painting done during the day when most residents are out of their rooms. Food Council initiated to hear from residents suggestions for food and changes in menu.