

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

County: Chatham	Facility Type <input type="checkbox"/> Family Care Home X Adult Care Home Nursing Home	Facility Name: Cambridge Hills Census: 83/90
Visit Date and day of the week 6-7-17 Wednesday	Time spent in facility 1 1/2HRS	Arrival time 5:00 pm
Person(s) with whom exit interview was held Raymond-Med Tech		Interview was held in person YES
Committee members present: Traci Addison and Carolyn Townsend		
Number of residents who received personal visits from committee members 8 residents		
Resident Rights information is clearly posted? YES	Ombudsman contact information is correct and clearly posted? NO – Memory Care Unit – need current Ombudsman name and contact.	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) :	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/N	2. Resident concerned – her hearing aids taken for repair have not been returned.
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?	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. New resident reported being lonely with no one to talk to. 9. Noted difference in one dining area over the other dining areas. The floor was sticky and the odor was not as welcoming as the other dining areas. (this particular area was adjacent to the kitchen).
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?	N	
10c. Were rooms containing hazardous materials locked?	Y	
11. Did residents feel their living areas were kept at a reasonable noise level?	N/A	
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	

Facility / date: Cambridge Hills 6-7-17

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. Admission and resident council meetings.
15a. Was a current activity calendar posted in the facility?	Y	15b. Evening mealtime.
15b. Were activities scheduled to occur at the time of your visit actually occurring?	N	17. Admission and resident council and other times per resident request.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Y	17a. Facility encourages residents to dine in the dining room. Can observe resident dining. Some residents may need to be fed in their room – depending upon the status of the resident.
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	17b. One slice of deli Turkey with a slice of cheese on white sandwich loaf bread. One resident stated she only ate whole wheat bread. Residents were eating the sandwich. Staff were assisting to apply mayo to the bread. Lettuce and slice to tomato were on the sandwich.
17a. Are they given a choice about where they prefer to dine?	Y/N	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Y/N	
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/Y	

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> <p>Resident hearing aid, status of new resident, odor in the one dining area. Updated Ombudsman information.</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> <p>Discussed concerns with the Med Tech at exit conference. C Townsend met with Admin the next day to discuss the concerns: The resident with hearing aid issues – Admin will follow-up with Clinical supervisor and the family.</p> <p>The new resident has some family in the area. Staff understand his concerns and are working to increase socialization. Facility is also working to bring religious program to meet his needs.</p> <p>Admin will request updated information for the Resident Rights Information on the wall in the Memory Care unit.</p>