

**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 checked="" type="checkbox"/> Nursing Home	Facility Name: The Arbor Census – current/licensed: 76/91
Visit/day of week 9-28-17 Thursday	Time spent in facility hours 1 hr, 10 min minutes	Arrival time 11:45 am
Name of person(s) with whom exit interview was held Adam Melton and Sandra Haggins		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: Michael Levandoski Vickie Evans Carolyn Townsend		
Number of residents who received personal visits from committee members 14 and 2 visitors(family)		Report completed by: Carolyn Townsend
Resident Rights information is clearly posted? <input checked="" type="checkbox"/> X	Ombudsman contact information is correct and clearly posted: N Need to change 'Pittman' to 'Cox'	
The most recent survey was readily accessible <input checked="" type="checkbox"/> X 4/17	Staffing information clearly posted? N, need to request the information	

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?	Y	
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?	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	
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	
11. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the building	N	
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner?	N/A	
14a If no, did you share this with the administrative staff?	N/A	

*** 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	15b Residents preparing to go to lunch. A group of residents were enjoying music in the patio. 17b Some residents complain about food being served cold. Other residents say food is good.
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?	N	
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?	N/A	
17. Are residents asked their preferences about meal & snack choices?	Y	
17a. Are they given a choice about where they prefer to dine?	Y	
17b. Did residents express positive opinions regarding their dining experience?	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/N	

Areas of Concern	Exit Summary
<p data-bbox="115 1066 784 1129">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <hr/> <p data-bbox="115 1199 784 1262">follow—up re: staffing concerns and Autumn Cox name corrected</p>	<p data-bbox="816 1066 1524 1230">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> <hr/> <p data-bbox="816 1266 1524 1371">Food arrives and is cold, has to be nuked and this degrades the taste. This is a repeated concern. Food does not retain appropriate heat during transport from the ‘Kitchen</p> <p data-bbox="816 1413 1524 1549">Weekends and Mondays they seem to be short staffed and use less qualified people – longer waits for assistance, not as competent as the full time staff during the week. This occurs on the first floor.</p> <p data-bbox="816 1591 1524 1654">DON response- staff are qualified; there is no staff shortage on weekends.</p> <p data-bbox="816 1696 1524 1728">Correct Autumn Cox last name.</p>

--	--

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

Facility/ Date

Culture Change / Person Centered Thinking	Comments/Responses
<p>1. Directed to residents –</p> <ul style="list-style-type: none"> a. What is one thing you would change here to make your life better? b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed? c. What’s important to you while dining? d. What would make your dining experience here more like home? e. Is listening to music something you’ve enjoyed? 	
<p>2. Directed to the administrator or supervisor-in-charge</p> <ul style="list-style-type: none"> a. What are you doing to incorporate residents’ wants and needs in every aspect of their lives and assure a home-like environment? b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents? 	

c. What are you doing to make the dining experience a pleasant one for your residents?

d. Are you offering personalized music to your residents?

Updated 7/2014