

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

County: Chatham	Facility Type  X Adult Care Home	Facility Name: Chatham Ridge  Census: 67
Visit Date and day of the week 11/17/17 Friday	1 hour 20 min	Arrival time 10:0 AM
Person(s) with whom exit interview was held Deborah Hart, (Jessica Werner – new Executive Director not available)		Interview was held in person YES

Committee members present: Carolyn Townsend, Drew Weniger

Number of residents who received personal visits from committee members 12

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): N/A	Staffing information clearly posted? Yes - In the clinical area of Horizons.

<b>Resident Profile</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
1. Do the residents appear neat, clean and odor free?	Y	2. Residents described good assistance as needed. New residents becoming more aware of services available.
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	Residents appeared cared for.
4. Were residents interacting with staff, other residents & visitors?	Y	4. Yes – Activity room and dining hall busy during our visit. Smoking area is near front door and accessible for handful of residents who smoke.
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	5a. Since last visit – large, visible name badges are being worn by ALL staff.
7. If so, did you ask staff about the facility’s restraint policies? (note: Do not ask about confidential information without consent)	N/A	

<b>Resident Living Accommodations</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
8. Did residents describe their living environment as homelike?	Y	8. Some residents have their own furnishings.
9. Did you notice unpleasant odors?	N	
10. Did you see items that could cause harm or be hazardous?	Y	9, Odor noted initially at end of D, addressed by staff.
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	10. Previously observed accumulation of personal items overflowing table space in rooms was not noticed during resident interactions.
11. Did residents feel their living areas were kept at a reasonable noise level?	Y	
12. Does the facility accommodate smokers?	N*	12. Existing handful of smokers are allowed, new residents are expected to not smoke.
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?	N/A	

