## Community Advisory Committee Quarterly/Annual Visitation Report

### Facility Information
- **County:** Chatham
- **Facility Type:** Assisted Living
- **Facility Name/Address:** Chatham Ridge Assisted Living
  114 Polks Village Lane
  Chapel Hill, NC 27517

### Visitation Details
- **Visit Date:** 6 / 7 / 2019
- **Time spent in facility:** 0 hr 55 min
- **Arrival time:** 3:55pm: X pm
- **Name of person exit interview was held with:** Julie Farmer, Executive Director
- **Interview was held:** X in Person

### Committee Members
- **Committee Members Present:** Anita Tesh, Shawn Poe,
- **Report Completed by:** Anita Tesh

### Resident Rights
- **Resident Rights Information is clearly visible:** Yes
- **Ombudsman Contact Info is correct and clearly posted:** Yes

### The most recent survey was readily accessible:
- **Yes/No/NA:** Yes

### Staffing Information
- **Staffing information clearly posted:** Yes

### Number of Residents who received personal visits from committee members:
- **7**

### Resident Profile
1. **Do the residents appear neat, clean and odor free?** Yes
   - **Comments:** Residents well groomed, cheerful, engaged in activities, positive about facility & care received
2. **Did residents say they receive assistance with personal care activities?** Yes
   - **Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?** Yes
3. **Did you see or hear residents being encouraged to participate in their care by staff members?** Yes
4. **Were residents interacting with staff, other residents & visitors?** Yes
5. **Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?** No
6. **Did you observe restraints in use?** No
7. **If so, did you ask staff about the facility’s restraint policies?** N/A

### Resident Living Accommodations
8. **Did residents describe their living environment as homelike?** Yes
9. **Did you notice unpleasant odors in commonly used areas?** Yes
10. **Did you see items that could cause harm or be hazardous?** Yes
11. **Did residents feel their living areas were too noisy?** Yes
12. **Does the facility accommodate smokers?** Yes
    - **Where?** Outside only
13. **Were residents able to reach their call bells with ease?** Yes
14. **Did staff answer call bells in a timely & courteous manner?** Yes
15. **If no, did you share this with the administrative staff?** N/A

### Resident Services
15. **Were residents asked their preferences or opinions about the activities planned for them at the facility?** Yes
16. **Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?** Yes
17. **Are residents asked their preferences about meal/snack choices?** Yes
    - **Are they given a choice about where they prefer to dine?** Yes
18. **Do residents have privacy in making and receiving phone calls?** Yes
19. **Is there evidence of community involvement from other civic, volunteer or religious groups?** Yes
20. **Does the facility have a Resident’s Council?** Yes
    - **Family Council?** No

## Areas of Concern
- **“Family Game Night” used in lieu of Fam Council**

## Exit Summary
- **Exit Summary:**
| Are there resident issues or topics that need follow-up or review at a later time or during the next visit? | None noted |
| Discuss items from “Areas of Concern” Section as well as any changes observed during the visit. | No |

During exit interview the CAC visitors learned more about the facility, since it was the first time for each of us to visit this facility. No areas of concern noted or discussed. Discussed with Ex Dir the tracking & monitoring systems in place to track late medications or treatments, and length of time before call bells are answered. This information is used for continuous quality improvement. Director states that Family Council “never took off” so they have regular Family Game Nights with brief business conducted.

This Document is **PUBLIC RECORD**. **Do not** identify any Resident(s) by name or inference on this form. **Top Copy** is for the Regional Ombudsman’s Record. **Bottom Copy** is for the CAC’s Records.