Community Advisory Committee Quarterly/Annual Visitation Report

County: Wake	Facility Type: ☐Family Care Home ☐Nursing Home ☒Adult Care Home	Facility Name/Address: Sunrise of Raleigh, 4801 Edwards Mill Rd, Raleigh, NC 27612
Visit Date: 03 /05/ 24	Time spent in facility: hr 45 min	Arrival time: : 11:45 ☒ am ☐ pm

Name of person exit interview was held with: Executive Director Interview was held: ☐ in Person ☒ Phone
☒ Admin. ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep.

Committee Members Present: Two Volunteers	Report Completed by: Volunteer
Number of Residents who received personal visits from committee members: 6	
Resident Rights Information is clearly visible: ☐ Yes ☒ No	Ombudsman Contact Info is correct and clearly posted: ☐ Yes ☒ No
The most recent survey was readily accessible: ☐ Yes ☐ No (*Required for Nursing Homes Only*)	Staffing information clearly posted: ☒ Yes ☐ No

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	
2. Did residents say they receive assistance with personal care activities? *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	Several residents were engaged in an activity when we walked in.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?		

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	No	
12. Does the facility accommodate smokers? Where? ☐ Outside only ☐ Inside only ☐ Both Inside/Outside	NA	We did not observe or ask about smoking.
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?		One resident felt call bell was answered but was told to call back.

Resident Services	Yes/No/NA	Comments/Other Observations
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? Can residents access their monthly needs funds at their convenience?	Yes	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes	Residents who choose to eat in their room do pay an extra fee to have it delivered.
18. Do residents have privacy in making and receiving phone calls?	NA	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a Resident's Council? Family Council?	Yes	Council meets monthly and signs are posted before the meeting.

Areas of Concern	Yes/No/NA	Exit Summary

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Yes	Discuss items from “Areas of Concern” Section as well as any changes observed during the visit One resident wanted to ensure the call bell was responded to without being told to call back. No resident rights posters were updated and a Resident Grievance Procedure framed picture displayed incorrect Regional Ombudsman Office information. Several cars were parked in the fire lane.