Community Advisory Committee Quarterly/Annual Visitation Report

County: Wake	Facility Type: ☑ Assisted Living ☐Family Care Home ☐Nursing Home Adult Care Home	Facility Name/Address: Wake Assisted living 2800 Kidd Road Raleigh, NC
Visit Date: 6/ 12 / 2023	Time spent in facility: 1 hr 00 min	Arrival time: 12:00 am ☐ pm ☑

Name of person exit interview was held with: Executive Director Interview was held in person
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: 5

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	
5. Were residents interacting with staff, other residents & visitors?	Yes	
6. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	N/A	
7. Did you observe restraints in use?	No	
8. If so, did you ask staff about the facility's restraint policies?		

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

Resident Services	Yes/No/NA	
17. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes/No	
18. 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?	Unsure Unsure	The residents the CAC volunteer spoke with stated that they do not have many opportunities to go shopping or spend their own money. Some were not aware that personal money was available to them.
19. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	No Yes	
20. Do residents have privacy in making and receiving phone calls?	N/A	
21. Is there evidence of community involvement from other civic, volunteer or religious groups?	N/A	
22. Does the facility have a Resident's Council? Family Council?	Yes	

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? 1. A med cart was left unattended and unlocked. The director was notified immediately.	Yes	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit The ED was advised by CAC volunteer that a mild bad odor was noted in one hallway. The ED will investigate.