

Community Advisory Committee Quarterly/Annual Visitation Report

County: Wake	Facility Type: ☒ Assisted Living ☐ Family Care Home ☐ Nursing Home Adult Care Home	Facility Name/Address: Foundation Senior Living 1437 Aversboro Rd, Garner, NC 27529
Visit Date: 11 / 22 / 2022	Time spent in facility: 1 hr min	Arrival time: 11:00 am ☐ pm
Name of person exit interview was held with Executive Director (ED) X Admin. ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep.		Interview was held: X in Person ☐ Phone
Committee Members Present: Two Volunteers		Report Completed by: Volunteer
Number of Residents who received personal visits from committee members: 3		
Resident Rights Information is clearly visible: X Yes ☐ No		Ombudsman Contact Info is correct and clearly posted: X 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	3. Residents stated they dress themselves as it supports their independence.
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	Yes	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N/A	
4. Were residents interacting with staff, other residents & visitors?	No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	N/A	
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	All rooms visited seemed homelike with family pictures, stuffed animals, art on walls, etc.
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	N/A	
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?	N/A	
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	(15) A resident stated she had an opportunity to go out with other residents for a Thanksgiving lunch. She chose not to go because she said when she leaves her room, staff members go through her personal items without letting her know they will be doing so. The resident reported that her medicine is taken from her from her purse.
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?	No No	(16) A resident stated that during a trip to Target, when she attempted to pay for the items, the resident attendant would not allow her to pay for the items.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	No Yes	(17) No menus were noted for public or private viewing. A resident indicated that the food is good, however residents do not know what the meal will be until it is served.
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?	N/A	

20. Does the facility have a Resident's Council? Family Council?	N/A	
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? The ED concurred that medication was taken from a resident. The ED also stated that "no one goes into rooms" when the resident is absent. However, the ED agreed to address the situation of unwarranted fears, because the resident needs to go out of her room for health benefits.	No	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit

This Document is **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.