Community Advisory Committee Quarterly/Annual Visitation Report

County: Wake	Facility Type: ☐ Family Care Home ☐ Nursing Home ☒ Adult Care Home	Facility Name/Address: Brighton Gardens 3101 Duraleigh Rd Raleigh, NC 27612
Visit Date: 9 / 22 / 2022	Time spent in facility: 1 hr 20 min	Arrival time: 1:30 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	3.Residents stated they dress themselves as it supports their independence.
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?	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	
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	No	
13. Were residents able to reach their call bells with ease?	No	13.CAC volunteers heard resident calling for help and no staff were around to hear the call. CAC volunteer found staff and advised staff of the distress call.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	No	14.CAC Volunteer heard staff acknowledging to resident that call bell was no working and would be replaced

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 N/A	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	N/A N/A	17. All residents' stated food was very good.
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.Resident Council was started during CAC volunteer visit
20. 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? The administrator was advised about the resident's distress call for help because the call bell was not working. Administrator was unaware of the broken call bell. ** One resident expressed concern that the Patient's Rights Chart was only visible at the mailbox area. This resident believes that residents who do not go to the mailbox will not see the chart.	Yes	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit The call bell situation should be checked on the next visit.