Community Advisory Committee Quarterly/Annual Visitation Report

County: Wake	Facility Type: ☑ Assisted Living ☐ Family Care Home ☐ Nursing Home Adult Care Home	Facility Name/Address: Brookdale of Cary 7870 Chapel Hill Road Cary, NC 27513
Visit Date: 6/ 22 / 2023	Time spent in facility: 1 hr 00 min	Arrival time: 12:30 am ☐ pm ☑
Name of person exit interview was held with Executive Director X Admin. ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep.		Interview was held in Person
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?	No	One male resident had a slight urine odor
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.Several attendants were observed assisting residents with eating and mobility.
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?	No	
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
13. Does the facility accommodate smokers? Where? ☑ Outside only ☐ Inside only ☐ Both Inside/Outside	Yes	
14. Were residents able to reach their call bells with ease?	N/A	15. One resident indicated that she was unaware of call bells in her room. This is a memory impaired resident and this is a real issue for the resident and staff.
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	
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 No	19, This is a memory care residence and it is difficult to determine if this question can be applied to residents in memory care
19. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes 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?	Yes	
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 later or during the next visit? The ED explained that residents with incontinence issues have some reluctance to change their clothes when needed and most need assistance.	No	Discuss items from “Areas of Concern” Section as well as any changes observed during the visit The ED informed CAC volunteer that since memory is an issue and residents may not recognize the need to use the bathroom, or remember how to get to their call bells, an attendant checks each resident every 2 hours to assist with needs as necessary.