

Community Advisory Committee Quarterly/Annual Visitation Report

County: Wake	Facility Type: ☐ Family Care Home ☐ Nursing Home ☒ Adult Care Home	Facility Name/Address: Brookdale Wake Forest, 611 Brooks Street, Wake Forest NC 27587
Visit Date: 8/17/2022	Time spent in facility: 1 hr	Arrival time: 11:40 ☒ am ☐ pm
Name of person exit interview was held with: _____ Interview was held: ☒ in Person ☐ Phone ☐ Admin. ☐ SIC (Supervisor in Charge) ☒ Other Staff Rep. Resident Care Manager (Name & Title)		
Committee Members Present: 2		Report Completed by: Volunteer
Number of Residents who received personal visits from committee members: at least 10		
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	We visited several residents but did not ask them about personal care services. They all appeared clean, well groomed, and appropriately dressed.
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>	NA	
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	
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	We observed resident rooms that were clean and decorated with personal items. The medication carts we checked were all locked. No resident we met complained about noise. I did not ask about smoking policies. I did not observe any residents smoking. I did not observe call bells being used.
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	
13. Were residents able to reach their call bells with ease?	NA	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	NA	
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	We arrived soon after the completion of a gardening activity. Two residents told me they had participated and enjoyed the activities offered at the facility.
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?	NA	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes	We spoke to residents in the dining room before the lunch service. They told us that they had choices of meals.
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	Ms. Hinton described to us the community groups that visit and provide programs for residents. Daily activities and monthly calendars were posted in several places. A resident told me there is a council; however, she said she did not participate.
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? We were unable to confirm that residents' rights information was clearly posted and available to residents and families. No staff person was present at the reception desk when we arrived at the facility. We observed some staff members without name badges or face masks.	No	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit We met the administrator Charisse Fain during our visit. However, she was engaged in facility tours and not available for our exit interview. We did ask her about the Residents Rights notice. She said she was surprised that it had been removed from its usual place. She told us that the facility had been damaged by a water line break in March and that many residents had had to move. It appeared that some repair work was still in process, including repainting.
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This Document is **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.