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
Visit Date: 12/9/2022	Time spent in facility: hr 45 min	Arrival time: 10:20 ☒ am ☐ pm
Name of person exit interview was held with: Executive Director ☒ Admin. ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep.		Interview was held: ☒ in Person ☐ Phone
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	One resident stated that she did not receive a scheduled shower earlier in the week we visited.
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	
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	Yes	An unattended medication cart was left unlocked.
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?	Yes	
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	
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 Yes	
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	Flowers from the Garden Club had been delivered that morning. A children's group was planning to present a play the next day.
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 director was interested in the concerns we reported to her and agreed to follow up.	Yes	Discuss items from “Areas of Concern” Section as well as any changes observed during the visit