Community Advisory Committee Quarterly/Annual Visitation Report

County: Wake	**Facility Type:** **Family Care Home Nursing Home** **Adult Care Home X**	**Facility Name/Address:** Brookdale Wake Forest 611 Brooks Street Wake Forest, NC 27587
Visit Date:07/31/2023	Time spent in facility: hr min 50	Arrival time: 1:15 PM

Name of person exit interview was held with: Health and Wellness Director Interview was held in Person Phone
Admin. SIC (Supervisor in Charge) X Other Staff Rep.

Committee Members Present: Two Volunteers	Report Completed by: Volunteer
Number of Residents who received personal visits from committee members: 7	
Resident Rights Information is clearly visible: Yes X No	Ombudsman Contact Info is correct and clearly posted: Yes X No
The most recent survey was readily accessible: Yes No (*Required for Nursing Homes Only*) NA	Staffing information clearly posted: Yes No Did not observe

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	
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?	NA	
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	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?	No	We did not actully observe, but several residents reported extended wait times to respond to call bells. Residents attributed this to staffing issues.

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 Yes	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes	One resident asked if they might be able to shop at a local farmers market to supplement fresh local fruit. The activity bus goes right by, but does not stop.
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. Does the facility have a Resident's Council? Family Council?	Yes No	
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? call bell response		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit Discussed concerns at exit.