

## Community Advisory Committee Quarterly/Annual Visitation Report

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| County: Wake                                                                                                                                                                                                | Facility Type:<br><input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home<br><input checked="" type="checkbox"/> Adult Care Home | Facility Name/Address:<br>Cadence North 5219 Old Wake Forest Rd Raleigh NC 27609                                          |
| Visit Date: 5 / 30 / 24                                                                                                                                                                                     | Time spent in facility: 50 min                                                                                                                           | Arrival time: 2:40 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm                                     |
| Name of person exit interview was held with: Executive Director<br><input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep. |                                                                                                                                                          | Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone                          |
| Committee Members Present: Two Volunteers                                                                                                                                                                   |                                                                                                                                                          | Report Completed by: Volunteer                                                                                            |
| Number of Residents who received personal visits from committee members: 5                                                                                                                                  |                                                                                                                                                          |                                                                                                                           |
| Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                         |                                                                                                                                                          | Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Required for Nursing Homes Only)</i>                                                         |                                                                                                                                                          | Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No This was not looked for.    |

  

| Resident Profile                                                                                                                                                                          | Yes/No/NA  | Comments/Other Observations                                                                                                                                                                               |
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| 1. Do the residents appear neat, clean and odor free?                                                                                                                                     | Yes        | The staff was also engaged with the residents in the memory care unit.<br>One resident stated that the staff was the best part of living here.                                                            |
| 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>         | 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?                                                                 | Yes        |                                                                                                                                                                                                           |
| 6. Did you observe restraints in use?                                                                                                                                                     | No         |                                                                                                                                                                                                           |
| 7. If so, did you ask staff about the facility's restraint policies?                                                                                                                      | NA         |                                                                                                                                                                                                           |
| Resident Living Accommodations                                                                                                                                                            | Yes/No/NA  | Comments/Other Observations                                                                                                                                                                               |
| 8. Did residents describe their living environment as homelike?                                                                                                                           | No         | Facility noted that there were no smokers on site.                                                                                                                                                        |
| 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?                                                                                                                                 | NA         |                                                                                                                                                                                                           |
| 12. Does the facility accommodate smokers?<br>Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside              | Yes        |                                                                                                                                                                                                           |
| 13. Were residents able to reach their call bells with ease?                                                                                                                              | Yes        |                                                                                                                                                                                                           |
| 14. Did staff answer call bells in a timely & courteous manner?<br>If no, did you share this with the administrative staff?                                                               | Yes        |                                                                                                                                                                                                           |
| 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        | Activities calendar was posted. Staff was engaged with the staff going into rooms and getting people to the ongoing activity– flower arranging.                                                           |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br>Can residents access their monthly needs funds at their convenience? | NA         |                                                                                                                                                                                                           |
| 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine?                                                           | Yes<br>Yes | Menus are displayed and there is an 'always available' menu if the daily selection is not what a resident cares for. One resident is a pescatarian and stated that the kitchen will prepare fish for her. |
| 18. Do residents have privacy in making and receiving phone calls?                                                                                                                        | Yes        |                                                                                                                                                                                                           |

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| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?                   | Yes              |                                                                                                                                                                                                       |
| 20. Does the facility have a Resident's Council?<br>Family Council?                                               | Yes              |                                                                                                                                                                                                       |
| <b>Areas of Concern</b>                                                                                           | <b>Yes/No/NA</b> | <b>Exit Summary</b>                                                                                                                                                                                   |
| Are there resident issues or topics that need follow-up or review at a later time or during the next visit?<br>No | No               | Discuss items from "Areas of Concern" Section as well as any changes observed during the visit<br><br>There were no areas for concern at this facility. Residents seemed satisfied and taken care of. |

This Document is **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form. (1/21/2020)