Community Advisory Committee Quarterly/Annual Visitation Report

County: Wake	Facility Type: ☐ Family Care Home ☐ Nursing Home ☒ Adult Care Home	Facility Name/Address: Falls River 1130 Falls River Ave Raleigh NC 27614
Visit Date: 9 / 9 / 24	Time spent in facility: 21 min	Arrival time: 1:00 ☐ 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: 11		
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 This was not looked for.

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*?	NA	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	NA	
4. Were residents interacting with staff, other residents & visitors?	NA	
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?	NA	
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? 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?	NA	
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?	NA	
18. Do residents have privacy in making and receiving phone calls?	NA	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	NA	
20. Does the facility have a Resident's Council? Family Council?	NA	

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? No	No	Discuss items from “Areas of Concern” Section as well as any changes observed during the visit There were no areas for concern at this facility. Residents seemed satisfied and taken care of.