Community Advisory Committee Quarterly/Annual Visitation Report

County: Wake	Facility Type: ☐ Family Care Home ☐ Nursing Home ☒ Adult Care Home	Facility Name/Address: Spring Arbor, Cary NC
Visit Date: 11 / 05 / 22	Time spent in facility: 1.0 hr min	Arrival time: 10:35: ☒ am ☐ pm
Name of person exit interview was held with: Activity Director ☐ Admin. ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep. X		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: 2		
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?	Y	
2. Did residents say they receive assistance with personal care activities? *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses*?	Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Y	Particularly in Memory Care
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Y	
6. Did you observe restraints in use?	N	
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?	Y	
9. Did you notice unpleasant odors in commonly used areas?	N	
10. Did you see items that could cause harm or be hazardous?	N	
11. Did residents feel their living areas were too noisy?	N	
12. Does the facility accommodate smokers? Where? X☐ Outside only ☐ Inside only ☐ Both Inside/Outside	Y	
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	NA	Did not observe this while visiting.

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?	Y	
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?	Y Y	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Y Y	
18. Do residents have privacy in making and receiving phone calls?	Y	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Y	Scheduled involvement.
20. Does the facility have a Resident's Council? Family Council?	Y Y	

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?	N	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit