

**Community Advisory Committee
Quarterly/Annual Visitation Report 2015**

County ORANGE	Visit to a Family Care Home	Cedar Grove Adult Care Home - 2 buildings 403 Saw Mill Road, Cedar Grove, 27231
May 27th, 2015 10am - 11:30am	Time spent in facility 1 hours 30 minutes	Arrival time 10am
Name of person with who exit interview was held: Resident Care Coordinator		Interview was held in person - Yes
Committee members present: Three Committee Members		
Number of residents personally visited: 5		Form Completed by:
Form for Patient Bill of Rights in Clearly Posted: Yes	Ombudsman contact information is correct and clearly posted: Yes	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) :??	Staffing information clearly posted N/A	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	yes	When we arrived, one resident was sitting in the yard in the sun, two were sitting on the porch smoking and two were in the living room watching TV. Resident Care Coordinator came out to greet us. It was obvious that everything, inside and outside was neat and in reasonable repair. Big shade trees made it a very inviting environment.
2. Did residents say they receive assistance with personal care activities? (i.e. 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?	yes	
5a. Did staff members wear nametags that are easily read by residents and visitors?	N/A	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)	N/A	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)

8. Did residents describe their living environment as homelike?	yes	
9. Did you notice unpleasant odors?	No	
10. Did you see items that could cause harm or be hazardous?	No	
10a. Were unattended med carts locked?	No	
10b. Were bathrooms clean, odor-free and free from hazards?	Yes	
10c. Were rooms containing hazardous materials locked?	Yes	
11. Did residents feel their living areas were kept at a reasonable noise level?	Yes	
12. Does the facility accommodate smokers?	Yes	
Smoking on porch and outside only. Big tub of water for ashtray. Smokers were using it.	Yes	
13. Were residents able to reach their call bells with ease?	N/A	
14. Did staff answer call bells in a timely & courteous manner?	N/A	
14a. If no, did you share this with the administrative staff?	N/A	

*** N/A equals not applicable, not asked, not observed

Facility / date: Cedar Grove 5/27/15

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	Everyone eats together around the dining room table. Resident Care Coordinator knows what everyone likes and cooks accordingly.
15a. Was a current activity calendar posted in the facility?	Yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	Yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Yes	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	Yes	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	Yes	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Yes	
17c. Is fresh ice water available and provided to residents?	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	
20. Does the facility have a functioning: Council? Family Council?	N/A N/A	

<p>Areas of Concern:</p> <p>This a wonderfully simple and homey environment. Clients are all men and all get along together. The only concern noted was the leaky roof on building two. That building smelled a bit musty inside and that is probably why Resident Care Coordinator said it was scheduled for repair the first week of June and that the whole roof was to be replaced.</p>	<p>Exit Summary</p> <p>The committee met with the Resident Care Coordinator at the beginning and end of the visit. We were free to walk around at will. There is a very pleasant family atmosphere. One of the favorite events of some of the residents is “go to the grocery store with staff”. Two residents were at the Day Care center in Hillsborough the day we were there. Residents especially liked the shop that is there. One residents is taken at his request to church each Sunday.</p>
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Not observed. Everyone loved the staff and were grateful to be living there - thought of it as their home. One resident has been there 15 years. It is a great example of a family home.</p>	<p>The only area of concern was a leaky roof on the smaller dorm building to the right as you face the property. The roof was to be replaced within the month.</p>