### Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wake County</td>
<td>Family Care Home</td>
<td>GreenTree</td>
</tr>
<tr>
<td>Visit Date</td>
<td>9-19-2019</td>
<td></td>
</tr>
<tr>
<td>Time Spent in Facility</td>
<td>1 hr 30 min</td>
<td></td>
</tr>
<tr>
<td>Name of Person Exit Interview was held with</td>
<td>Jessica Hauser, Admin.</td>
<td></td>
</tr>
<tr>
<td>Other Staff Rep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee Members Present</td>
<td>Kyle Elliott</td>
<td>Susan Scheniere</td>
</tr>
<tr>
<td>Number of Residents who received personal visits from committee members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Rights Information is clearly visible</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>The most recent survey was readily accessible</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Ombudsman contact information is correct and clearly posted</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Staffing information is posted</td>
<td>Yes</td>
<td>No</td>
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</tbody>
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### Resident Profile

1. Do the residents appear neat, clean and odor free? **Yes** | **No**
2. Did residents say they receive assistance with personal care activities, *e.g.* brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? **Yes** | **No**
3. Did you see or hear residents being encouraged to participate in their care by staff members? **Yes** | **No**
4. Were residents interacting with staff, other residents & visitors? **Yes** | **No**
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? **Yes** | **No**
6. Did you observe restraints in use? **Yes** | **No**
7. If so, did you ask staff about the facility's restraint policies? **Yes** | **No**
8. Did residents describe their living environment as homelike? **Yes** | **No**
9. Did you notice unpleasant odors in commonly used areas? **Yes** | **No**
10. Did you see items that could cause harm or be hazardous? **Yes** | **No**
11. Did residents feel their living areas were too noisy? **Yes** | **No**
12. Does the facility accommodate smokers? **Yes** | **No**
12a. Where? **Outside** & **Inside**
13. Were residents able to reach their call bells with ease? **Yes** | **No**
14. Did staff answer call bells in a timely & courteous manner? **Yes** | **No**
14a. If no, did you share this with the administrative staff? **Yes** | **No**
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? **Yes** | **No**
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? **Yes** | **No**
16a. Can residents access their monthly needs funds at their convenience? **Yes** | **No**
17. Are residents asked their preferences about meal & snack choices? **Yes** | **No**
17a. Are they given a choice about where they prefer to dine? **Yes** | **No**
18. Do residents have privacy in making and receiving phone calls? **Yes** | **No**
19. Is there evidence of community involvement from other civic, volunteer or religious groups? **Yes** | **No**
20. Does the facility have a Resident's Council? **Yes** | **No**

### Comments & Other Observations

**All units and rooms neat and clean**

**Very active resident population**

**At resident council, meals are discussed.**

### Areas of Concern

- **This facility uses many beds as rehabilitation**
- **New physical therapy Gym under construction**

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This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form. 

**Top Copy** is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.