Community Advisory Committee Quarterly/Annual Visitation Report									
County: Chatham Facility Type: Family Care Home					Facility Name/Address: Siler City Center				
		X 150 bed Nursing Home		900 West Dolphin Street					
Visit Date: 4/47/0000		Adult Care Home Combination Home			Siler City, NC 27344				
	Visit Date: 4/17/2023								
	of person exit interview	<del></del>							
Admin. SIC (Supervisor in Charge) Other Staff Rep. (Name & Title) Robin Dunn Nursing Supervisor  Committee Members Present: Anita Tesh, Kevyn Immerman, and Patti Liegl Report Completed by: Patti Liegl									
Number of Residents who received personal visits from committee members: 5 residents; 1 family member, 1 employee									
		n is clearly visible: x Ye			fo is correct and clearly posted: X Yes No				
The most recent survey was readily accessible: x Yes \square No \square Staffing information clearly posted: X \square Yes \square No									
(Required for Nursing Homes Only)									
Re	sident Profile				Yes/No/NA	Comments/Other Observations			
1.					Yes	Residents were well groomed and clean.			
2.		they receive assistance				Residents with whom we talked were positive			
		shing their teeth, comb	ing their hair, in	serting	Vaa	about facility. Staff was busy serving dinner,			
	dentures or cleanii	ng their eyeglasses?			Yes	helping and encouraging some residents with			
						their meal and cleaning spills. Most residents eat in their rooms.			
3.	Did you see or hea	ar residents being enco	ouraged to partic	cipate in	.,	Observed appropriate and respectful care being			
	their care by staff r		an ago a to pan an		Yes	given by staff in regard to residents' needs.			
4.		teracting with staff, oth	er residents & v	visitors?	Yes	Residents were observed interacting with each			
	-				169	other in halls prior to dinner.			
5.	5. Did staff respond to or interact with residents who had difficulty			fficulty	Yes	Staff observed assisting with meals and talking			
6		making their needs kno	own verbally?			with residents who had difficulty communicating.			
6. 7.	Did you observe re		rootroint nolicio	o2	No NA	_			
		staff about the facility's		5!	Yes/No/NA	0 ( /0/1 0) (			
1 1						L'ammante/Lithar Libearyatione			
		Accommodations		iko2		Comments/Other Observations			
8.		ribe their living environ		ike?	Yes	1 resident said she felt safe. Another said the			
8.	Did residents desc	ribe their living environ	nment as homel		Yes				
8. 9.	Did residents desc Did you notice unp	ribe their living environ bleasant odors in comm	nment as homel nonly used area	s?		1 resident said she felt safe. Another said the care is good and the food is okay.			
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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	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit
Front door staff was very cheerful and helpful with the check-in kiosk. Other staff greeted us courteously and were friendly.		In our exit interview, we reported the positive comments by residents.  We reported the unlocked/unattended med cart and supervised indicated she would follow up. We discussed the non-smoker wanting time outside free of cigarette smoke; supervisor indicated that residents can ask to go outside at times other than smoking breaks. (Smoking is in
		an interior courtyard that is accessible to residents.)
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