

Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input type="checkbox"/> Family Care Home X 150 bed Nursing Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Combination Home	Facility Name/Address: Siler City Center 900 West Dolphin Street Siler City, NC 27344
Visit Date: 2/2/2023	Time spent in facility: 63 min	Arrival time: 3:17 <input type="checkbox"/> am <input type="checkbox"/> X pm
Name of person exit interview was held with: . X Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title)		Interview was held: X in Person <input type="checkbox"/> Phone Jonathan Caudill, Administrator
Committee Members Present: Anita Tesh; Patti Liegl, Kevyn Immermann		Report Completed by: Kevyn Immermann
Number of Residents who received personal visits from committee members: 8 residents; 2 family members, 1 employee		
Resident Rights Information is clearly visible: x Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: X Yes <input type="checkbox"/> No
The most recent survey was readily accessible: x Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information clearly posted: X <input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents were well groomed and clean.
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	Yes	Residents with whom we talked were positive about facility. A family member said their person received good care even when she was difficult.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Observed respectful care being given by staff
4. Were residents interacting with staff, other residents & visitors?	Yes	Resident observed interacting with each other in halls, rooms and in smoking area.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Staff observed assisting and talking with residents who had difficulty communicating. In the memory care unit, we saw staff interacting with residents also.
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?	Yes	1 resident said the food was delicious and another said the food was just like home cooking.
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	No	Facility in good repair.
11. Did residents feel their living areas were too noisy?	No	
12. Does the facility accommodate smokers? Where? X Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Yes	Outside smoking is supervised and scheduled. We observed a large crowd under the awning smoking. They have 15 smokers.
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes N/A	1 call bell observed which took less than 2 minutes to answer
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	Residents watching a movie during CAC visit. They reported that they liked Bingo the best. The memory unit had just finished their activities and were watching Bonanza. Memory unit also had tactile wall displays for residents.
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?	Yes	Residents can keep small amounts of cash, but most purchases are done from trust fund. Residents had not complaints about access.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Residents had positive comments about food. Menus posted and show choices.
18. Do residents have privacy in making and receiving phone calls?	Yes	Phones are in residents' rooms: staff knock before entering.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	

20. Does the facility have a Resident's Council? Family Council?	Yes See note	Group emails used instead of traditional council meetings
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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	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>In our exit interview, we reported the positive comments by residents. We also noted there were no comments about laundry. New admin has worked with his team to improve this. Staff greeted us courteously and were very friendly.</p> <p>Hallways and common areas had some boxes that were in the process of being put away.</p> <p>Door mat was much improved from last visit and posed no trip hazard outside of the front door entry</p>

This Document is **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.