

## Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home <b>X Assisted Living 66 bed</b> with Memory Care Unit (currently closed)	Facility Name/Address: Coventry House of Siler City 260 Village Lake Rd Siler City, NC 27344
Visit Date: 7/15/2023	Time spent in facility: 66 minutes	Arrival time: 11:59 am
Name of person exit interview was held with: Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <b>X Other Staff Rep. (Name &amp; Title)</b> Lindsey McSwain, Medical Technician		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone
Committee Members Present: Anita Tesh, Patti Liegl, Trainees Sigi Markworth & Pat Regan		Report Completed by: Patti Liegl
Number of Residents who received personal visits from committee members: 8 residents		
Resident Rights Information is clearly visible: x Yes		Ombudsman Contact Info is correct and clearly posted: x Yes
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?	Yes	Residents with whom we talked were positive about the facility, stated "it's good."  During our visit staff were accompanying/encouraging residents on an outdoor walk and enjoyment of outdoor space.  Staff observed giving appropriate care to residents.
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	
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	
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	All resident responses were positive. The facility smelled like bread when CAC entered. Med carts locked. Hallways clear. No current residents are smokers. One resident did not understand what a call bell is, where it was located and then, could not get it to work.
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	No	
12. Does the facility accommodate smokers? Where? Outside only	Not at this time	
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	

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?	NA	Activity calendar was posted when CAC visited, but residents with whom we spoke weren't able to answer questions about activities. One resident noted "Sometimes they have activities I can do." Another said "Happy with the food and activities." Residents can keep small amounts of cash, but it is discouraged. Funds for purchases are available in office. Menu was posted during CAC visit. Residents said they are happy with the food. One said it is very good. Phones in rooms. Staff knock before entering. Staff noted one resident is picked up for church on Sundays.
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	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes 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 Resident's Council? Family Council?	Yes	There is an open-door policy for families, as well as a regular email newsletter.
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<b>Areas of Concern</b>	<b>Yes/No/NA</b>	<b>Exit Summary</b>
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Call bell</p>	Yes	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>Ms. McSwain stated that the call bells were recently worked on. She made note of the resident needing assistance with her call bell.</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.