

## Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input type="checkbox"/> Family Care Home <b>X 150 bed Nursing Home</b> with Memory Care Unit <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: 7/15/2023	Time spent in facility: 37 min	Arrival time: 1:17 PM
Name of person exit interview was held with: <input type="checkbox"/> Admin. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title) Robin Dunn Nursing Supervisor		Interview was held: <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Phone
Committee Members Present: Anita Tesh, Patti Liegl, Pat Regan (observer), Sigi Markworth (observer)		Report Completed by: Anita Tesh
Number of Residents who received personal visits from committee members: 7 residents; 4 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	Most residents with whom we talked were positive about facility. During time of visit, some residents were eating lunch.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Observed appropriate and respectful care being given by staff in response to residents' needs.
4. Were residents interacting with staff, other residents & visitors?	Yes	Residents were observed interacting with each other and staff.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Staff observed assisting with meals and talking with residents who had difficulty communicating.
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 liked the food
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	Yes	One of two med carts appeared to be unlocked and unattended.
11. Did residents feel their living areas were too noisy?	No	No comments from residents about this.
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 about every 2 hours.
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?	N/A	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	Busy boards are noted in the Memory Care Unit.
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	Several residents had positive comments about food. Menus are posted and show choices. One resident complained that he had been served pork despite the facility knowing he doesn't eat it, but the pork was replaced with turkey while CAC visitors were talking with him.
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?	N/A	Did not observe or discuss on this visit.
20. Does the facility have a Resident's Council? Family Council?	Yes See note	Group emails used instead of traditional council meetings

Areas of Concern	Yes/No/NA	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Med cart that appeared to be unlocked and unattended.</p> <p>One resident who was willing for his name to be shared reported that he lost use of one arm a week ago, and that he had talked about it with “3 nurses and one doctor” but no one has done anything for his arm. Another resident who agreed for her name to be used stated that she would like to have PT but has been told that she “must lose weight first.”</p>	<p>No</p>	<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.</p> <p>We reported the unlocked/unattended med cart and supervised indicated she would follow up.</p> <p>We discussed the resident who was concerned about his loss of use of arm, and the resident who stated that she wanted PT. SIC indicated that the facility was aware of and responding to both these concerns, but that she couldn’t share details with CAC due to privacy laws.</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.