	Community Advisory Committee Quarterly/Annual Visitation Report								
County: Chatham		Facility Type: Family Care Home Nursing Home Combination Home X Assisted Living 66 bed with Memory Care		Facility Name/Address: Coventry House of Siler City					
				260 Village Lake Rd Siler City, NC 27344					
		Unit (currently closed)	nory care		Olici Oity, NO 27044				
Visit Da	te: 10/25/2023	Time spent in facility: 56 minutes		Arrival time:	·				
	f person exit intervie			s held: X in Pe					
X Admir		visor in Charge) Other Staff Rep. (<i>Na</i> nt: Anita Tesh & Patti Liegl	ame & Title	e) Traci McLau	rin, Executive Director Report Completed by: Patti Liegl				
		· · · · · · · · · · · · · · · · · · ·	e members	s: 9 residents	Report Completed by. Fatti Liegi				
Number of Residents who received personal visits from committee members: 9 residents Resident Rights Information is clearly visible: X Yes Ombudsman Contact Info is correct and clearly posted: X Yes									
		s readily accessible: Yes No			rly posted: Yes No				
	ed for Nursing Home	es Only)		N 01 010					
	sident Profile			Yes/No/NA	Comments/Other Observations				
1.	Do the residents a	ppear neat, clean and odor free?		Yes	The residents were dressed appropriately and tidy.				
2.		they receive assistance with personal			Residents with whom we spoke were positive				
	activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?			Yes	about the facility. One resident said "The folks are nice and take good care of me."				
3.		ar residents being encouraged to parti	cipate in		An employee assisted a resident with his bed				
	their care by staff r	members?		Yes	linens. Another employee offered assistance to a resident who was waiting on a special activity.				
4.	Were residents in	teracting with staff, other residents & v	isitors?		About 5 residents were enjoying the music on				
				Vaa	another resident's phone in the lobby. Over 10				
				Yes	residents were in the Activity room waiting on the pumpkin painting activity, watching TV and				
					talking in small groups.				
5.	5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?		ifficulty	Yes	Staff was observed giving appropriate care to residents with communication needs.				
6.	Did you observe re			No	Tooldonio with communication needs.				
6. 7.	•		es?	NA	Tooldonto with communication needs.				
7.	If so, did you ask s sident Living A	estraints in use? staff about the facility's restraint policie Accommodations			Comments/Other Observations				
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17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	The menu for the upcoming week was posted. One entrée was offered for each menu. Ms. McLaurin stated the menus are "state-mandated."
18. Do residents have privacy in making and receiving phone calls?	Yes	Phones are in the rooms and staff knock before entering.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	The special activity at the time of the CAC visit was Pumpkin Painting. Hart Pumpkins has donated pumpkins to Coventry House for years. There is a very complimentary note posted on the wall, written to staff, about the care their family received at Coventry House as a resident. Ms. McLaurin also noted the family of a recently deceased resident set up a fund to assist current residents' medical services.
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.

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
No items need follow-up.		Positive interactions and observations were shared with Ms. McLaurin. CAC members were greeted warmly by staff and residents.

This Document is **PUBLIC RECORD**. <u>Do not</u> identify any Resident(s) by name or inference on this form. <u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.