

Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input type="checkbox"/> Family Care Home X 150 bed Nursing Home 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: 10/25/2023	Time spent in facility: 55 min	Arrival time: 3:40 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) Crystal Wilson, Director of Nursing		Interview was held: <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Phone
Committee Members Present: Anita Tesh, Patti Liegl		Report Completed by: Anita Tesh
Number of Residents who received personal visits from committee members: 6 residents		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>		Staffing information clearly posted: <input checked="" 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. Most of the residents with whom we talked were positive about facility. One resident stated that some CNAs were "mean" and wouldn't change her when she was wet. (see Areas of Concern below) Observed patient and appropriate care being given by staff in response to residents' needs. Residents were interacting with each other and staff.
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	Most residents with whom we spoke were positive about the facility and the care they received. Persistent smell of urine noted on two of the halls. Odor of smoke noted in areas adjacent to door to outdoor smoking area. Med carts appeared to be locked or unattended. No comments from residents about this. Outside smoking is supervised and scheduled about every 2 hours.
9. Did you notice unpleasant odors in commonly used areas?	Yes	
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? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Yes	
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	
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?	NA	
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	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>Persistent odor of urine on 2 halls; odor of smoke in areas adjacent to the outdoor smoking area.</p> <p>One resident who did not wish to be identified stated that “the administrators are all nice, and some of the CNAs are nice, but some are mean- they won’t change me when I’m wet, and yell at me. One CNA told me that she hates me.” The resident did not want name used because of fear of reprisal, and also because family wanted them to be more cooperative. Resident stated that “I do sometimes lose my temper with the CNAs.” Resident indicated that they had previously spoken with an administrator about these concerns.</p>	<p>Yes</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 discussed the urine odor, and the DON indicated she would follow up immediately. She suggested that the soiled linen barrels might still be out in the halls, causing the odors.</p> <p>Regarding the odor of smoke, the DON indicated that the staff supervising smokers are supposed to close the door when residents go to the area, but they sometimes forget. She indicated that she would remind them.</p> <p>Regarding the resident who was concerned about care, the DON indicated that the facility is aware of a resident with these concerns, and in fact the facility recently did a review on a CNA for complaints like these. The DON indicated that the CNA will not be allowed to work in the facility in the future.</p>

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