

Community Advisory Committee Quarterly/Annual Visitation Report

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| 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: 01/19/24 | Time spent in facility: 70 minutes | Arrival time: 2 pm |
| Name of person exit interview was held with: _____ | | Interview was held: X in Person <input type="checkbox"/> Phone |
| <input type="checkbox"/> Admin. X <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title) John Alvarez, LNHA | | |
| Committee Members Present: Anita Tesh, Patti Liegl, Kevyn Immermann | | Report Completed by: Kevyn Immermann |
| Number of Residents who received personal visits from committee members: 5 residents | | |
| 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 of the residents with whom we talked were positive about facility. |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | Yes | Observed patient and appropriate care being given by staff in response to residents' needs. |
| 4. Were residents interacting with staff, other residents & visitors? | Yes | Residents were 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 | |
| 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 | One resident said the care he has received is good here and doesn't want to go anywhere else. Another resident stated he appreciated the coordination between the facility and his doctors. |
| 9. Did you notice unpleasant odors in commonly used areas? | No | |
| 10. Did you see items that could cause harm or be hazardous? | No | Med carts were locked |
| 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. Not observed the day we were there. |
| 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 | The staff was very busy answering the call bells the day we visited. There was a persistent call bell |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | Yes | Residents were positive about activities |
| 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 | Not addressed on this visit. |
| 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? | Yes | Once a month they have a pastor that leads a church service in the facility. |
| 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>We reported to John that a newer resident wanted to get his E.P. Ensure. John will take care of that.</p> <p>There were several covid cases that had a sign on their individual doors to let people know.</p> | Yes | <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> |

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.