

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 X Assisted Living 66 bed with Memory Care Unit (currently closed)	Facility Name/Address: Coventry House of Siler City 260 Village Lake Rd Siler City, NC 27344
Visit Date: 4/19/2024	Time spent in facility: 45 minutes	Arrival time: 10:11
Name of person exit interview was held with: X Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title) Traci McLaurin, Executive Director		Interview was held: X in Person <input type="checkbox"/> Phone
Committee Members Present: Patti Liegl, Kevyn Immermann		Report Completed by: Kevyn Immermann
Number of Residents who received personal visits from committee members: 6 residents, 1 family member		
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 neatly groomed.
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	Residents with whom we spoke were positive about the facility.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	During our visit, residents were socializing in common areas. Staff member was observed gently assisting a resident reminding her about care needed.
4. Were residents interacting with staff, other residents & visitors?	Yes	Several residents socializing and watching TV together. A few residents were in the front room visiting with each other.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Staff members were observed giving appropriate care to residents with communication needs.
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. Flowers were in the lobby along with soft music playing. They have many new beautiful large landscape photos in the front rooms and lining the halls.
9. Did you notice unpleasant odors in commonly used areas?	No	The facility smelled clean
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	
12. Does the facility accommodate smokers? Where?	Not at this time	No current residents are smokers.
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	The activities calendar was not current. They have someone new to help with 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 during this visit. In the past residents can keep small amounts of cash in their rooms, but it is discouraged. Funds for purchases are available in office.
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
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?	No	No current activity calendar
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	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>Positive interactions and observations were shared with Ms. McLaurin.</p> <p>CAC members were warmly greeted by staff and 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.