

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: 04/19/24	Time spent in facility: 57 minutes	Arrival time: 11:08 am
Name of person exit interview was held with: <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title) John Alvarez		Interview was held: X in Person <input type="checkbox"/> Phone
Committee Members Present: Kevyn Immermann and Patti Liegl		Report Completed by: Patti Liegl
Number of Residents who received personal visits from committee members: 6 residents and 1 friend of a resident		
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 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 clean and well 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	Most of the residents were positive about the care they receive at the facility.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Staff was busy attending to the needs of residents. Residents were cooperative with their care.
4. Were residents interacting with staff, other residents & visitors?	Yes	Residents were interacting with each other, visitors and staff. Some residents thanked us for stopping by to visit.
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 was happy to be back after an extensive surgical procedure.
9. Did you notice unpleasant odors in commonly used areas?	No	A pleasant, clean orange smell permeated some halls in the facility. Bleach with orange has been used to control norovirus. Precautionary signs were posted on some doorways.
10. Did you see items that could cause harm or be hazardous?	No	Med carts were supervised.
11. Did residents feel their living areas were too noisy?	No	
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. The door to the outside remained closed.
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 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?	Yes	Mr. Alvarez noted residents' funds are handled by himself, his administrative assistant and Social Services. Purchases are made 2x monthly for needs other than what is provided by the facility.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Residents described the food as okay, or "so-so." A new kitchen manager began today, in hopes of improving the dietary program.
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	Mr. Alvarez noted community involvement is not like it was pre-COVID.
20. Does the facility have a Resident's Council? Family Council?	Yes	Group emails are 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>There were no concerns that require follow-up.</p>	Yes	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>Positive interactions with residents were shared. Dietary was discussed, as well as the precautionary posted stop signs and residents' funds. A kiosk health screening remains in the lobby.</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.