

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: 07/17/24	Time spent in facility: 64 minutes	Arrival time: 3:16 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) Lisa Miller, Director of Social Work		Interview was held: X in Person <input type="checkbox"/> Phone
Committee Members Present: Anita Tesh, Sigi Markworth, (Barbara Gustinis observing)		Report Completed by: Anita Tesh
Number of Residents who received personal visits from committee members: 7 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?	See note	Most residents appeared clean. One resident had something smeared around her mouth. She was unable to articulate her thoughts clearly, but she appeared concerned about something. CAC reported this to a staff member, who immediately cleaned the resident's face, which seemed to calm the resident. Staff commented "that was spaghetti sauce" on her face.
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>	See note	One resident said that the care was good; two others said that they did not get responses in a timely manner. Other residents with whom we spoke were unable to answer this question.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	NA	Not observed during this visit.
4. Were residents interacting with staff, other residents & visitors?	Yes	Residents were interacting with each other, staff and CAC visitors.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Respectful care observed with two residents who were unable to articulate their thoughts clearly.
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?	NA	We did not ask residents about this directly on this visit. The facility was clean and in good repair, but somewhat crowded with equipment in the halls. Several residents who were unable to articulate answers to questions appeared calm and some were cheerful.
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	Yes	One unattended Med cart appeared to be locked with no staff member in line-of-sight of it. One broken ceiling tile (had been flagged by the facility for repair.)
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. No odor of smoke in areas adjacent to door to smoking area.

13. Were residents able to reach their call bells with ease?	See note	One resident in a wheelchair in a common area, said she had been trying to “flag down” her CNA because she was “wet” and is unable to move the wheelchair by herself. Resident was willing to be identified, and CAC notified staff of the resident’s need. This resident also reported that she was told that she could not go back to bed until after dinner, even though she wished to.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	See note	One resident said that CNAs answered bells promptly; two residents said that they did not. There was a persistent sound like a call bell during our visit.
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	NA	Not addressed during this visit.
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	Meal Planning Council meeting times shown on the activity calendar. One resident reported food as “good” while another said it was “awful.”
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?	See Note	This is not evident on the activity calendar. The Director of Social Work reports that a minister comes to provide church services, but that community involvement is “not like it was before Covid” and the activities director is trying diligently to find community groups to come.
20. Does the facility have a Resident’s Council? Family Council?	Yes NA	Family Council not addressed during this meeting.

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> <ol style="list-style-type: none"> 1. Response time for call bells/resident’s needs. 2. Broken ceiling tile. (Facility aware of this.) 3. Broken shower in one resident’s room. (Facility aware of this.) 	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 mixed feedback on food and call bell response time. We reported the med cart that appeared to be unattended, the broken ceiling tile, and the broken shower. We also reported the quick staff response to the resident with food smeared across her face, and the slower response to the wheelchair bound resident who was “wet.”</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.