

## Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input type="checkbox"/> Family Care Home <b>X 150 bed Nursing Home</b> 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: 10/10/24	Time spent in facility: 101 minutes	Arrival time: 11:11 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: <b>X</b> in Person <input type="checkbox"/> Phone
Committee Members Present: Kevyn Immermann, Pat Regan, Patti Liegl & Billy Cummings (trainee)		Report Completed by: Patti Liegl
Number of Residents who received personal visits from committee members: 10 residents, 1 employee and 1 family friend		
Resident Rights Information is clearly visible: <b>X</b> Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: <b>X</b> Yes <input type="checkbox"/> No
The most recent survey was readily accessible: <b>X</b> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information clearly posted: <b>X</b> 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. Thoughtful instructions were observed while a resident was being lifted by a team of staff members.
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	While one resident noted she had not been in the facility very long, she said "I love it." Another resident in memory care smiled and said "When people are around, you always have something to do."
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 med cart of several observed was left unlocked and unattended.
11. Did residents feel their living areas were too noisy?	No	
12. Does the facility accommodate smokers? Where? <b>X</b> 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 during the CAC visit.
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 & No Yes	One resident stated his call bell was being ignored. When staff was directly asked why, she noted the delay was due to the need for more than one staff member needed to attend to this resident's needs/care.

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	Most residents noted the activities are good. One said she loved Bingo while another stated she wished there were more activities for the younger residents. The Recreation Director informed CAC that sensory visits to individual residents' rooms are provided when they are unable to attend group 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?	Yes	The Social Workers rotate every other week to shop for personal items needed for the residents who do not have family available to shop for them. All residents have 100% access to personal funds 7 days/week.
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, "not too decent," and "too much fish."
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	Church services were on the monthly calendar twice.
20. Does the facility have a Resident's Council? Family Council?	Yes No	Resident council meets 1x monthly. Families are invited to residents' care plan 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>1 med cart left unattended. One resident requiring more than one staff member to help attend to daily needs/care was discussed but does not require follow up or review.</p>	Yes	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>CAC was greeted positively as they entered the lobby and the different halls by both residents and staff. Positive interactions and observations were discussed with Mr. Alvarez.</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.