

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

County Chatham	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home x <input type="checkbox"/> Nursing Home	Facility Name: Siler City Center Census – current/licensed: 124/150 (23 in Memory Unit)
Visit Date and day of the week 12/5/2014	Time spent in facility 1 hours 30 minutes	Arrival time 11:00 AM
Name of person(s) with whom exit interview was held Director of Nursing and Assisted Director of Nursing		Interview was held x <input type="checkbox"/> in person
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members 28 and 3 family members		Report completed by:
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted: Yes	
The most recent survey was readily accessible Yes. Sanitation Rating posted: 93.5.	Staffing information clearly posted? Yes	

<b>Resident Profile</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
1. Do the residents appear neat, clean and odor free?	Yes	2. A couple expressed complaints that staff get called away sometimes in midst of attending to them.  4. Residents were social, engaging and alert.
2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses)	yes	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	yes	
4. Were residents interacting with staff, other residents & visitors?	yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	yes	
5a Did staff members wear nametags that are easily read by residents and visitors?	yes	
6. Did you observe restraints in use?	no	
7. If so, did you ask staff about the facility's restraint policies? Note: Do not ask about confidential information without consent	no	

<b>Resident Living Accommodations</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
8. Did residents describe their living environment as homelike?	yes	12. Outside patio available for smokers admitted prior to current no smoking policy implemented.
9. Did you notice unpleasant odors?	no	
10. Did you see items that could cause harm or be hazardous?	no	
10a. Were unattended med carts locked?	yes	
10b. Were bathrooms clean, odor-free and free from hazards?	yes	
10c. Were rooms containing hazardous materials locked?	yes	
11. Did residents feel their living areas were kept at a reasonable noise level?	yes	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the building	yes	
13. Were residents able to reach their call bells with ease?	yes	
14. Did staff answer call bells in a timely & courteous manner?	n/a	
14a If no, did you share this with the administrative staff?		

\*\*\* N/A equals not applicable, not asked, not observed

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	yes	Residents were excited by a new game activity called "zonk".  17. Residents are given a choice of dinner menu.  17. Some residents prefer the quiet of their rooms to coping with a more crowded and loud dining experience. But most are happy with the quality of the food.  Own phone option; and private phone booth available.  19. Church groups visit regularly.
15a. Was a current activity calendar posted in the facility?	yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	no	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	yes	
16a. Can residents access their monthly needs funds at their convenience?	yes	
17. Are residents asked their preferences about meal & snack choices?	yes	
17a. Are they given a choice about where they prefer to dine?	yes	
17b. Did residents express positive opinions regarding their dining experience?	Yes/ no	
17c. Is fresh ice water available and provided to residents?	yes	
18. Do residents have privacy in making and receiving phone calls?	yes	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	yes	

Areas of Concern	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> <hr/> <p>Areas of concern were : Complaints of staff being called away prior to finishing attending to residents needs.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <hr/> <p>Facility was neat and clean. Staff and residents interacted well. This visit was prior to lunch, in contrast to last visit which was after lunch. Staff was beginning decoration for the Holiday Season.</p> <p>Flu prevention masks were available at the visitor check in desk.</p> <p>Nursing Administration was responsive to concerns and outlined efforts being made. At times staff may get called away to deal with a more urgent manner. But staffing is always up to regulation. Staff and residents like the rotation of staff.</p> <p>Administrator will be retiring at the end of this month.</p>

**Community Advisory Committee  
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Facility/ Date 12/5/14

Culture Change / Person Centered Thinking	Comments/Responses
<p><b>1. Directed to residents –</b></p> <ul style="list-style-type: none"> <li>a. What is one thing you would change here to make your life better?</li> <li>b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed?</li> <li>c. What’s important to you while dining?</li> <li>d. What would make your dining experience here more like home?</li> <li>e. Is listening to music something you’ve enjoyed?</li> </ul>	<p>It’s fine.</p> <p>Yes, I can wear what I want and go to bed when I want.</p> <p>My privacy; eating with friends.</p> <p>Recent menu choices have been good.</p>
<p><b>2. Directed to the administrator or supervisor-in-charge</b></p> <ul style="list-style-type: none"> <li>a. What are you doing to incorporate residents’ wants and needs in every aspect of their lives and assure a home-like environment?</li> <li>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</li> <li>c. What are you doing to make the dining experience a pleasant one for your residents?</li> <li>d. Are you offering personalized music to your residents?</li> </ul>	<p>The Shadow Boxes and family involvement in this.</p> <p>Good initial assessment of wants and needs. Residents Council.</p> <p>Yes, we rotate staff so they get to know the residents.</p> <p>Constant monitoring; food committee; offering choice of menu ahead of time; Will introduce additional seating times.</p> <p>Yes, the Activity staff offer Music and Memory program in the Memory Unit.</p>