

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

County: Chatham	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Coventry House of Siler City Census: 61/64
Visit Date and day of the week Wednesday 22July2015	Time spent in facility 1 hr	Arrival time 10:30am
Person(s) with whom exit interview was held Executive Director		Interview was held in person Yes
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members 15		
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted? Yes	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : N/A	Staffing information clearly posted? N/A	
Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	Residents were up, dressed and active when visited. Committee members noted that residents seemed very active and participatory on this visit.
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?	N/A	
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?	N/A	
5a. Did staff members wear nametags that are easily read by residents and visitors?	No	
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)		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	Committee members found the residence to be clean and odor free with no apparent safety issues. Smoking is allowed in an outside area.
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?	N/A	
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?	N/A	
12. Does the facility accommodate smokers?	Yes	
12a. Where? (Outside / inside / both)	Outside	
13. Were residents able to reach their call bells with ease?	N/A	
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

Facility / date: Coventry 22July2015

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?	N/A	Activities for residents are posted and a bible study group was being conducted by a visiting church group during the committee visit. Team members also stayed on and visited with residents after the study group ended. Most residents stated that the food was very good; one commented that the meat was never served 'on the bone' and she preferred it that way. Residents stated that this was a nice place to be, with good help, if you couldn't be home.
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?	Yes	
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? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	N/A	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	Yes	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Yes	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	N/A	
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?	N/A	

Areas of Concern	Exit Summary
<p data-bbox="90 1079 760 1142">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <hr/> <p data-bbox="90 1178 293 1209">None at this time</p>	<p data-bbox="821 1079 1507 1241">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 data-bbox="821 1276 1507 1640">Discussed the good visit with the administrator and asked about the food prep and the meat texture. The administrator replied that meats are taken off the bone prior to being served because bones are a very high risk choking hazard and performing a "Heimlich Maneuver" on elderly residents has inherent risks as well. Generally, meat is served whole, as prepared, unless a resident is on ground or pureed food orders. Also, the facility is changing prescription drug suppliers because the current supplier is changing hands and won't provide the same services.</p>