

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

County: Chatham	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: Siler City Center  Census: 137/150
Visit Date and day of the week 12/12/16	Time spent in facility 1 hr 15 min.	Arrival time 2:15PM
Person(s) with whom exit interview was held April Mayberry, Administrator		Interview was held in person Yes
Committee members present: Patrick Murphy, Mike Levandoski		
Number of residents who received personal visits from committee members 12 and 2 family members		
Resident Rights information is clearly posted? yes	Ombudsman contact information is correct and clearly posted? yes, up to date.	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : yes, 8/2016	Staffing information clearly posted? N/A.	
<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	1. One frail resident was holding a baby doll that was badly soiled.
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?	N/A	
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	14. One family member expressed concerns re poor response to her father's call bell not being answered and also no response to his movement bell going on.
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?	N/A	
11. Did residents feel their living areas were kept at a reasonable noise level?	Yes	
12. Does the facility accommodate smokers?	Yes	
12a. Where? (Outside / inside / both)	Outside	
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner?	No	
14a. If no, did you share this with the administrative staff?	no	

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

Facility / date: 12/12/16 Siler City Ctr

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	15. Activities were clearly posted on the bulletin boards and in residents rooms and residents discussed the activities they enjoy.  15b. Class had just ended.
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? (#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)	Yes	
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?	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 data-bbox="90 1081 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 797 1239">Concern today call bell responses and food remnants on one resident discussed with Administrator.</p>	<p data-bbox="823 1081 1507 1239">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="823 1276 1498 1413">ROI was given by the concerned family member; and administrator will discuss situation with her. Staffing levels vary by shift. Administrator will have staff change dolls clothing.</p>