# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Chatham  
**Facility Type:** Family Care Home X Nursing Home  
**Facility Name/Address:** Genesis: Siler City Center  
**Visit Date:** 6 / 7/2019  
**Time spent in facility:** 1 hr 5 min  
**Arrival time:** 2:20 am X pm  
**Number of Residents who received personal visits from committee members:** 8 residents

<table>
<thead>
<tr>
<th>Resident Rights Information is clearly visible:</th>
<th>x Yes ☐ No</th>
<th>Ombudsman Contact Info is correct and clearly posted:</th>
<th>X Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The most recent survey was readily accessible:</td>
<td>x Yes ☐ No</td>
<td>Staffing information clearly posted:</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>(Required for Nursing Homes Only)</td>
<td></td>
<td></td>
<td><em>Staffing not posted upon our arrival but was posted before CAC departed</em></td>
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</tbody>
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## Resident Profile

1. **Do the residents appear neat, clean and odor free?**  
   - Yes

2. **Did residents say they receive assistance with personal care activities?** Ex. 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

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

8. **Did residents describe their living environment as homelike?**  
   - Yes

9. **Did you notice unpleasant odors in commonly used areas?**  
   - No

10. **Did you see items that could cause harm or be hazardous?**  
    - No

11. **Did residents feel their living areas were too noisy?**  
    - Yes

12. **Does the facility accommodate smokers?**  
    - Yes
    - Where? X Outside only ☐ Inside only ☐ Both Inside/Outside

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

## Resident Services

15. **Were residents asked their preferences or opinions about the activities planned for them at the facility?**  
    - Yes

16. **Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?**  
    - Yes
    - Can residents access their monthly needs funds at their convenience?  
    - Yes

17. **Are residents asked their preferences about meal/snack choices?**  
    - Yes
    - Are they given a choice about where they prefer to dine?  
    - 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 Resident’s Council?**  
    - Yes
    - Family Council?  
    - No

## Areas of Concern

**Exit Summary**

- Facility in good repair with completion of recent painting, new furniture.
- Cigarettes kept at nurses’ station. Some residents allowed to keep own chewing tobacco.
- One resident stated “lunch today was delicious”
- Activities sometimes include community groups.
- Family Council attempted in past but stopped due to lack of interest. However, some families visit several times a week.
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Staffing not posted upon our initial arrival.

No

Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.

On exit, we discussed that staffing was not posted when CAC visitors initially arrived. It was posted by the end of the visit.