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

**County:** Chatham  
**Facility Type:** Family Care Home, Nursing Home, Adult Care Home, Combination Home  
**Facility Name/Address:** Coventry House of Siler City, 260 Village Lake Rd, Siler City, NC 27344

**Visit Date:** 6 / 7 / 2019  
**Time spent in facility:** 1 hr  
**Arrival time:** 1:00 am X pm

**Name of person exit interview was held with:** Interview was held: X in Person  
**Admin. X SIC (Supervisor in Charge) Other Staff Rep. (Name & Title):** Tracy McLauren, Business Manager

**Committee Members Present:** Anita Tesh; Martha Curie, Cecil Wilson, Shawn Poe  
**Report Completed by:** Anita Tesh

**Number of Residents who received personal visits from committee members:** 4 residents

**Resident Rights Information is clearly visible:** x Yes □ No  
**Ombudsman Contact Info is correct and clearly posted:** □ Yes □ No

**The most recent survey was readily accessible:** □ Yes □ No □ NA  
**Staffing information clearly posted:** □ Yes □ No □ NA

### Resident Profile

<table>
<thead>
<tr>
<th>Yes/No/NA</th>
<th>Comments/Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Witnessed staff interacting with residents in respectful manner.</td>
</tr>
</tbody>
</table>

1. Do the residents appear neat, clean and odor free?  
2. Did residents say they receive assistance with personal care activities? *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*  
3. Did you see or hear residents being encouraged to participate in their care by staff members?  
4. Were residents interacting with staff, other residents & visitors?  
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  
6. Did you observe restraints in use?  
7. If so, did you ask staff about the facility’s restraint policies?

### Resident Living Accommodations

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<tr>
<th>Yes/No/NA</th>
<th>Comments/Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Residents responses positive</td>
</tr>
<tr>
<td>No</td>
<td>Not assessed during this visit</td>
</tr>
</tbody>
</table>

8. Did residents describe their living environment as homelike?  
9. Did you notice unpleasant odors in commonly used areas?  
10. Did you see items that could cause harm or be hazardous?  
11. Did residents feel their living areas were too noisy?  
12. Does the facility accommodate smokers?  
   - **Where?** □ Outside only □ Inside only □ Both Inside/Outside  
13. Were residents able to reach their call bells with ease?  
14. Did staff answer call bells in a timely & courteous manner?  
   - If no, did you share this with the administrative staff?

### Resident Services

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<tr>
<th>Yes/No/NA</th>
<th>Comments/Other Observations</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No Activity Calendar was posted  CAC visitors told that a new Activity Director starts Monday 6/10/19. Several recent activities described by residents &amp; shown in photos, however. Some residents keep small amounts of cash.</td>
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</tbody>
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15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  
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?  
17. Are residents asked their preferences about meal/snack choices?  
   - Are they given a choice about where they prefer to dine?  
18. Do residents have privacy in making and receiving phone calls?  
19. Is there evidence of community involvement from other civic, volunteer or religious groups?  
20. Does the facility have a Resident’s Council?  
   - Family Council?

<table>
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<tr>
<th>Yes/No/NA</th>
<th>Exit Summary</th>
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<tbody>
<tr>
<td>□ Yes □ No □ NA</td>
<td>Not asked</td>
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### Areas of Concern
| Are there resident issues or topics that need follow-up or review at a later time or during the next visit? | Yes |
| Activity calendar not posted. | |

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

Discussed lack of posted activity calendar, lack of staff name tags. Also told administrator that one resident who did not wish to be identified stated she has longstanding indigestion and cough, & cough was noted by CAC visitors.

CAC visitors Poe & Wilson observed a resident fall. (No trip hazards or unsafe conditions were noted as contributing to the fall.) Discussed with administrator that responding staff turned resident over before assessing her, and initially appeared uncertain of protocol for fall. Administrator stated that their fall protocol prohibits turning resident before assessment, & she would follow up with staff.