

**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: The Laurels  Census: 123/140
Visit Date and day of the week 4-14-14 Tuesday	Time spent in facility 1.5 hrs.	Arrival time: 5:55 pm
Person with whom exit interview was held: Nurse On Call		Interview was held in person: Yes
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members: 9 residents, 4 visitors.		
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): 3-25-14 Complaint substantiated resulting in a deficiency with subsequent plan of correction in place.	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?	Y	5a. Most of the staff wore nametags.
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)	Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Y	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Y	
5a. Did staff members wear nametags that are easily read by residents and visitors?	Y	
6. Did you observe restraints in use?	N	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)	N/A	

<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?	Y	8. Most residents said its ok here but not like home.
9. Did you notice unpleasant odors?	N	
10. Did you see items that could cause harm or be hazardous?	N	
10a. Were unattended med carts locked?	Y	
10b. Were bathrooms clean, odor-free and free from hazards?	Y	
10c. Were rooms containing hazardous materials locked?	Y	
11. Did residents feel their living areas were kept at a reasonable noise level?	Y	
12. Does the facility accommodate smokers?	Y	
12a. Where? (Outside / inside / both)	Outside	
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner?	Y	
14a. If no, did you share this with the administrative staff?	NA	

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

