

**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 – current/licensed: 127/ 140
Visit Date and day of the week 08/14/2014 Thursday	Time spent in facility 1 hours 30 minutes	Arrival time 5:35 pm
Name of person(s) with whom exit interview was held Regional QA Nurse		Interview was held in person
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members: 21 (4 in Memory Care Unit)		Report completed by
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted: Yes	
The most recent survey was readily accessible. 6/16/14 Complaint Investigation resulting in – “No Harm”	Staffing information clearly posted? Yes. 2 RN, 4 LPN, 11 CNA	

<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?	No	Most of the residents appeared neat and clean. Strong odor in the front hall both when entering and exiting; possibly resident needing assistance.
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?	Yes	
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	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?	No	11. Facility alarm was sounding due to malfunction during this visit. 12. Smoking is permitted outside. When resident was smoking outside near the activity room the smoke was drifting into the activity room. 13. In room of three residents the call bell was found on the floor.  A resident was observed assisting another resident in drinking from her own water pitcher. Noted sign at the door “contact precaution”. Notified nurse on the unit. Both water pitchers were changed out.
9. Did you notice unpleasant odors?	Yes	
10. Did you see items that could cause harm or be hazardous?	Yes	
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?	Yes	
11. Did residents feel their living areas were kept at a reasonable noise level?	N/A	
12. Does the facility accommodate smokers?	Yes**	
13. Were residents able to reach their call bells with ease?	No	
14. Did staff answer call bells in a timely & courteous manner?	No	
14a If no, did you share this with the administrative staff?	Yes	

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	17 b. Several residents reported the food “was bad, bland.”
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?	N/a	
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?	Y	
17. Are residents asked their preferences about meal & snack choices?	Yes	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience?	No	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	Y	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Y	
20. Does the facility have a functioning: Resident’s Council? Family Council?	YES	

Areas of Concern	Exit Summary
<p data-bbox="118 1066 781 1129">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="118 1165 732 1199">Sensitivity training for CNAs use to term “diapers”.</p> <p data-bbox="118 1234 773 1268">How does the facility implement “contact precautions”?</p>	<p data-bbox="820 1066 1507 1226">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="820 1268 1511 1365">Cigarette smoke wafting back into the facility from the outdoor smoking area. Staff aware – residents are directed to smoke further away from the access door.</p> <p data-bbox="820 1400 1458 1497">Described verbal interchange between staff restocking resident care materials – reference to “Diapers” in the hearing of residents.</p> <p data-bbox="820 1533 1520 1596">Virtual Dementia Training discussed. The QA nurse voiced interest.</p>

**Community Advisory Committee  
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**The Laurels 08/14/14**

<b>Culture Change / Person Centered Thinking</b>	<b>Comments/Responses</b>
<p><b>1. Directed to residents –</b></p> <ul style="list-style-type: none"> <li>a. What is one thing you would change here to make your life better?</li> <li>b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed?</li> <li>c. What’s important to you while dining?</li> <li>d. What would make your dining experience here more like home?</li> <li>e. Is listening to music something you’ve enjoyed?</li> </ul>	<ul style="list-style-type: none"> <li>a. From a family member regarding resident: “Take care of him like you would want to be taken care of. Some Nurse Assistants are really good others not as caring And staff respond more readily to call bells”</li> <li>b.Residents who can do select garments to wear.</li> <li>e. Family member reported that resident uses I-pod to enjoy music.</li> </ul>
<p><b>b. Directed to the administrator or supervisor-in-charge</b></p> <ul style="list-style-type: none"> <li>a. What are you doing to incorporate residents’ wants and needs in every aspect of their lives and assure a home- like environment?</li> <li>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</li> <li>c. What are you doing to make the dining experience a pleasant one for your residents?</li> <li>d. Are you offering personalized music to your residents?</li> </ul>	<p>Work with the social worker. Activity person on staff. Takes them out to shop or resident provides a list and they shop for them.</p> <p>Yes, same staff on same hall</p> <p>Utilizing ‘fine dining’: flowers, tablecloths, soups, serve the plates and ask for their choice of drink.</p> <p>Yes, Music in Memory</p>