

**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: 128/ 140
Visit Date and day of the week 11/19/2014 Wednesday	Time spent in facility 1 hours 30 minutes	Arrival time 5:00 pm
Name of person(s) with whom exit interview was held Director of Nursing, staff LPN; staff RN.		Interview was held in person Yes
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members: 17		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	Staffing information clearly posted? Yes.	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	4. Residents eating supper in the Memory Care unit were sitting 2 to 3 to a table. Some residents were assisted in feeding. Per residents request – “did you come to sing? Most joined in singing <i>Swing Low Sweet Chariot</i> .
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	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	No	8. “It’s as good as it gets. I have a TV”. Another resident reported “they take good care of me” 12. Smoking is permitted outside.
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?	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?	Yes	
14. Did staff answer call bells in a timely & courteous manner?	Yes	
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	15. During admission residents are asked about preferences. 15b. Residents were preparing for supper, staff pushed w/c of residents to dining room. 17b. Food could be hotter when presented to residents in the dining room. Family of another resident expressed concern about content of supper as the residents is a diabetic. 19. One resident expressed pleasure about being taken (by family/friends) to her church for Sunday service.
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?	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>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <hr/> <p>No areas of concern.</p>	<p>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>Reported observations/interactions of the Ombudsman visit. The DON is new to the facility and unaware of the Music and Memory program in place.</p> <p>Informed staff of availability on Netflix "Alive Inside" an update of how Music enhanced memory.</p>

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

The Laurels 11/19/14

Culture Change / Person Centered Thinking	Comments/Responses
<p>1. Directed to residents –</p> <ul style="list-style-type: none"> a. What is one thing you would change here to make your life better? 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? c. What’s important to you while dining? d. What would make your dining experience here more like home? e. Is listening to music something you’ve enjoyed? 	<ul style="list-style-type: none"> a. Food should be hotter b. Residents state that assistance is provided.
<p>b. Directed to the administrator or supervisor-in-charge</p> <ul style="list-style-type: none"> a. What are you doing to incorporate residents’ wants and needs in every aspect of their lives and assure a home- like environment? b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents? c. What are you doing to make the dining experience a pleasant one for your residents? d. Are you offering personalized music to your residents? 	<p>Activity person on staff may take resident shopping or shopping is done for the resident. Residents may travel via motorized wheelchair to shops in town.</p> <p>Yes, same staff on same hall</p> <p>Flowers, tablecloths, food is plated and served. Residents are asked for their choice of drink.</p> <p>Staff present during the exit conference were unaware of the Music/Memory program.</p>