

**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: 132/ 140
Visit Date and day of the week January 29, 2015	Time spent in facility 1 hours 30 minutes	Arrival time 4:30 pm
Name of person(s) with whom exit interview was held Administrator		Interview was held in person
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members: 16, two family members.		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. 10/29/14 deficiencies, plan of correction submitted 11/26/14. 12/10/14 complaint investigation – “no deficiencies”	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	2. One resident expressed concern “where are my eye glasses”. Wondered about money to purchase. 4. Generally residents pleasant and responsive when approached.
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?	Y	
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. Resident stated this is a good place for him b/c at home there are drugs. Another resident stated he would like some hunting and fishing magazines. 12. Smoking is permitted outside.
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?	N/A	
12. Does the facility accommodate smokers?	Y**	
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner?	NA	
14a If no, did you share this with the administrative staff?	NA	

<b>Resident Services</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Y	15. During admission residents are asked about preferences. 17. One resident reported need for special diet. 17c. According to a family member – In the room of the resident and roommate there were no water pitchers for several days. The family member purchased water pitchers and provided water when she came to visit. In other resident rooms water in pitchers and cups was observed. 18. Many residents have personal phones.
15a. Was a current activity calendar posted in the facility?	Y	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	N	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Y	
16a. Can residents access their monthly needs funds at their convenience?	Y	
17. Are residents asked their preferences about meal & snack choices?	Y	
17a. Are they given a choice about where they prefer to dine?	Y	
17b. Did residents express positive opinions regarding their dining experience?	Y	
17c. Is fresh ice water available and provided to residents?	N	
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?	Y	

<b>Areas of Concern</b>	<b>Exit Summary</b>
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  <hr/> Dietary: special diets Presence of water and pitchers.	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?  <hr/> Eyeglasses – Resident eye exam results in new eyeglasses when eyeglasses are ordered they received in a package to the facility and delivered directly to the resident. Several glasses were ordered this past week.  Water and water pitchers –the admission pack includes water pitchers.  Dietary- Administrator responded that dietary works with residents to meet special needs.  Commended the use of Music/earphones/iPods with 10 residents. Activity director reports M&M becoming part of the resident Care Plan.

Culture Change / Person Centered Thinking	Comments/Responses
<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. Hunting and Fishing magazines.</li> <li>b. Resident states able to decide what to wear when dressing for the day.</li> <li>c. Being with other people</li> <li>d. Provide gluten-free meals.</li> <li>e. I like 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>This information was reported at the November 2014 visit.</p> <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>Administrator responded that the Activity Director does a good job with the M&amp;M program.</p>