

**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: 123/ 140
Visit Date and day of the week April 27, 2015	Time spent in facility 1 hours 30 minutes	Arrival time 10:30 am
Name of person(s) with whom exit interview was held Administrator		Interview was held in person: Yes
Committee members present: Two Committee Members		
Number of residents who received personal visits from committee members: 15, 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. 3/5/15 described 4 deficiencies. Response by facility on 3/23/15. 4/7/15 letter acknowledged compliance	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?	Y	1. Noted need for nail care for one resident. 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	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Y	8. Resident stated this is a good place for him. Wife also resident in the facility. 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?	Y	
14a If no, did you share this with the administrative staff?	NA	

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?	Y	15. During admission residents are asked about preferences.
15a. Was a current activity calendar posted in the facility?	Y	17 b. Residents report they like the food.
15b. Were activities scheduled to occur at the time of your visit actually occurring?	N	18. Many residents have personal phones.
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	

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>Observe care provider use of infection precautions.</p> <p>Observe use of music for residents in Memory Care Unit.</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.</p> <p>Discussed infection control precautions as noted outside door of some residents. Observed care provider coming out of resident room and removed gloves. Ombudsman discussed with care provider who then returned into the room after donning gown and gloves.</p> <p>Discussed use of music with earphones in the Memory Care unit. Suggested placing earphones and i-Pod in the area for ease of use.</p> <p>Discussed potential for on-line CE for nurse assistants. Would Laurels corporate be supportive of this effort adding that Alive Inside is available on Netflix?</p> <p>The dining experience discussed: the facility has new food preparation personnel.</p> <p>Fingernail care discussed: Residents may refuse.</p>