

**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 of Chatham  Census – current/licensed: 130/140
Visit Date and day of the week 4-26-16 Tuesday	Time spent in facility hours 1 hr 20 min minutes	Arrival time 1:55 pm
Name of person(s) with whom exit interview was held DON and Unit Manager		Interview was held Y in person
Committee members present: Two		
Number of residents who received personal visits from committee members - 12 residents and one family member		Report completed by CAC Member
Resident Rights information is clearly posted? Y	Ombudsman contact information is correct and clearly posted: Y	
The most recent survey was readily accessible - Y 3-21-16 Life Safety Condition	Staffing information clearly posted? Y	

<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	One resident in need of toileting, room with odor.  One resident in need of assist with dentures.
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)	N	
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?	N/A	
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?	N/A	

<b>Resident Living Accommodations</b>	<b>YesNo N/A</b>	<b>Comments/Other Observations (please number comments)</b>
8. Did residents describe their living environment as homelike?	N	8. Preference for home. 9. Room of one resident. 11. Renovation in some areas w/ construction noise of power equipment. 14. Several minutes before call bell response.
9. Did you notice unpleasant odors?	Y	
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	
11. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the building		
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner?	N	
14a If no, did you share this with the administrative staff?	Y	

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

<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 and subsequent during resident reviews. 15 a. Schedule posted in resident's room. Staff also invite residents to activities.  16. Family often purchase for resident. 17. Many residents have cell 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?	N/A	
17c. Is fresh ice water available and provided to residents?	Y	
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?		
20. Does the facility have a functioning: Resident's Council? Family Council?	Y	

<b>Areas of Concern</b>	<b>Exit Summary</b>
<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>Providing assistance to residents with dentures.</p> <p>Response to call bells.</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>Advised of resident in need of toileting and several minutes for response to call bell.</p> <p>Providing assistance to resident with dentures. Discussed resident's needs.</p> <p>Learned that facility admitted five residents on this date.</p>