

**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: 131/140
Visit Date and day of the week 1-30-14 Thursday	Time spent in facility 1.5 hrs.	Arrival time: 5:30 pm
Person with whom exit interview was held: Nurse in Charge		Interview was held in person: Yes
Committee members present: Three committee members completed visit		
Number of residents who received personal visits from committee members: 14 residents		
Resident Rights information is clearly posted? YES	Ombudsman contact information is correct and clearly posted? YES	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted): November 2013 Life Safety Code Deficiency. Corrective Action acknowledged.	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	
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?	N	
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. Most residents said its ok here but not like it was at home. 13. One call bell was observed to be out of reach. This resident needed assistance. 14. Staff was slow to respond.
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?	Y	
12. Does the facility accommodate smokers?	Y	
12a. Where? (Outside / inside / both)	Outside	
13. Were residents able to reach their call bells with ease?	N	
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

