

**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: 138/140
Visit Date and day of the week 1-26-16 Tuesday	Time spent in facility hours 1 hour 10 min minutes	Arrival time 10:55 am
Name of person(s) with whom exit interview was held Administrator		Interview was held : in person
Committee members present: Three CAC members present during visit.		
Number of residents who received personal visits from committee members 17		Report completed by: CAC Member
Resident Rights information is clearly posted? YES	Ombudsman contact information is correct and clearly posted: YES	
The most recent survey was readily accessible Yes: 1/4/16	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	4. Resident reported that the Social Worker had yelled at them this day.
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?	N/A	
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?	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?	N	8. Resident stated desire to return home.  9. Upon entering the first hall noted strong odor of urine; but upon leaving the unit the odor was not noted. AM care was being completed on another unit where strong odor was noted – housekeeping was cleaning the room.
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?	Y	
11. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the building	Y	
13. Were residents able to reach their call bells with ease?	N/A	
14. Did staff answer call bells in a timely & courteous manner?	Y	
14a If no, did you share this with the administrative staff?	Y	

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

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 b. Snacks being given in the activity room. 17 b. Resident and family report the food is very good.
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?	Y	
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?	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?	Y	
20. Does the facility have a functioning: Resident's Council? Family Council?	N/A N/A	

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>Interaction between resident and social worker</p> <p>Resident stated desire to return home.</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>Discussed resident desire to return home. The Social Worker has said that she will follow-up with the resident.</p> <p>Discussed availability of rehab follow-up after initial therapy has been concluded. The administrator stated that all rehab patients were reevaluated at the end of their initial therapy regimen.</p> <p>Discussed resident report of Social Worker's inappropriate interaction with the resident. The administrator said that he would look into this event.</p>