

**Community Advisory Committee
Quarterly/Annual Visitation Report**

County: Chatham	Facility Type <input type="checkbox"/> Family Care Home Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: The Laurels Census: 129/140
Visit Date and day of the week Thursday September 8, 2016	Time spent in facility 1 hour – 30 min	Arrival time 1:30 pm
Person(s) with whom exit interview was held: John Jarrell and Anita Spake		Interview was held <u>in person</u>

Committee members present: Shawn Poe and Carolyn Townsend

Number of residents who received personal visits from committee members. 9 residents

Resident Rights information is clearly posted? YES	Ombudsman contact information is correct and clearly posted? YES
The most recent survey was readily accessible June 24 th report on unsubstantiated complaint investigation	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	7. 2 residents observed to have 'brake away lap pads - attached to one or both side arms on their wheel chair. The pads "lap buddies" are used for comfort and not as a restraint.
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)	Y	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Y/N	8. Some residents have favorable comments other residents prefer to be home. 12. a resident may go outside to smoke alone or with attendant – depending upon specific need. 14. Observed.
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?	Y	
14. Did staff answer call bells in a timely & courteous manner?	Y	
14a. If no, did you share this with the administrative staff?	N/A	

*** 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. At admission and periodically by Activity Director. Some residents in the Memory Care unit expressed interest in more activities. 17b. Most residents have no complaints. 20. 15 to 20 residents attend the resident's council. 20. Family Council – this past weekend held a cookout for First Responders – police, sheriff, fire department, EMS.
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? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	Y	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	Y	
17a. Are they given a choice about where they prefer to dine?	Y	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Y/N	
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?	Y/N	

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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> <p>View activity calendars for both Memory Care and residents in the general population.</p>	<p>Resident expressed concern for need to schedule clinical appointments with his physicians/clinics. Discussed per resident verbal approval. DON aware and stated 'they are in the works'.</p> <p>Discussed activities with residents in the Memory Care unit. Many residents were seated in the day room. The television was on. There is a special program at 3 pm 'they like'. Residents in Memory Care have a separate activity calendar.</p>