

**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: 130/140
Visit Date and day of the week 10-25 Tuesday	Time spent in facility hours 1 hr 10 minutes	Arrival time 11:30 am
Name of person(s) with whom exit interview was held John Jarrell		Interview was held in person
Committee members present: Michael Levandoski Shawn Poe Carolyn Townsend		
Number of residents who received personal visits from committee members 15 residents, 2 staff, 1 family member		Report completed by: Carolyn Townsend
Resident Rights information is clearly posted? Y	Ombudsman contact information is correct and clearly posted: No Current ombudsman name added to public information	
The most recent survey was readily accessible Y Noted June 11-12 2016	Staffing information clearly posted? Y	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	N	1. Most residents appear neat and odor free. During individual resident visits noted odor on the person and in the room.
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?	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 have positive remarks. "It's okay here, I'm okay." 9. Odor noted in more than one hall. 10. Electric cords visible hanging from wall where electronic 'pads' for recording patient care were absent. 10a. Treatment cart unlocked 14. Response after 5 minutes Nurse Assistant hollered, "What do you want Now?"
9. Did you notice unpleasant odors?	Y	
10. Did you see items that could cause harm or be hazardous?	Y	
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/outside	
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

Facility / Date: Laurels 10-25-16

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	17 b. Two residents remarked their dislike of meals. Were not aware they could request different entre. 17 c. Noted small amount of water in resident water pitchers – there was no ice. 20. Resident Council meets monthly. The President selects the meeting date.
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/A	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A	
16a. Can residents access their monthly needs funds at their convenience?	N/A	
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 N	

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
Attention to response of care providers to resident call lights.	Discussed response of care provider to resident's call bell "What do you want Now? Admin stated will look into this. Advised observation of unlocked treatment cart. Advised observation of odor in more than one hall. Discussed observation of electric cords hanging from wall mounted computers. Admin noted the computers were sent out for repairs and will be installed this afternoon.