

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

County: Chatham	Facility Type <input type="checkbox"/> Family Care Home Adult Care Home <b>X Nursing Home</b>	Facility Name: The Laurels  Census: 133
Visit Date and day of the week Monday February 6, 2017	Time spent in facility 1 hr 25 minutes	Arrival time 11:00
Person(s) with whom exit interview was held Anita Spate, John Jarrell		Interview was held in person -YES
Committee members present: Shawn Poe, Michael Levandoski, Carolyn Townsend		
Number of residents who received personal visits from committee members. 19		
Resident Rights information is clearly posted? YES	Ombudsman contact information is correct and clearly posted? YES	
The most recent survey was readily accessible Dec 2016 with follow-up January 11 2017	Staffing information clearly posted? YES – no # for RN staff.	
<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	
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	

<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?	Y	8. some say it's okay 10a Initially medcart not locked but staff immediately appeared to lock it.
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	

Facility / date: Laurels 2/6/17

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. Upon admission. 15 a. Post in residents' rooms and posted in the hall. 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?	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? (#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)?	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?	Y	
20. Does the facility have a functioning: Resident's Council? Family Council?	Y	

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>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p># of RN's present in facility each shift omitted in the daily public information. Both admin staff observed this is an oversight. There are 3 RN staff present during 7 a – 3 p shift today.</p> <p>Med carts have automatic locking system after 2 " of inactivity.</p> <p>Facility taking steps to manage the new regulations re MDS and resident assessments.</p> <p>Noted the cost of \$4,000 to test the emergency generators.</p>

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