

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

County: Chatham	Facility Type Family Care Home Adult Care Home X Nursing Home	Facility Name: The Laurels Census: 133
Visit Date and day of the week 5-11-17 Thursday	Time spent in facility 1 hour 30 min	Arrival time 11:30
Person(s) with whom exit interview was held DON Anita Spate and Melissa Liles		Interview was held in person YES

Committee members present: Michael Levandoski and Carolyn Townsend

Number of residents who received personal visits from committee members 15

Resident Rights information is clearly posted? YES	Ombudsman contact information is correct and clearly posted? YES
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The most recent survey was readily accessible January 2017 Survey follow-up. Complaint investigations 3/22 and 3/28 both unsubstantiated.	Staffing information clearly posted? YES
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Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	N	1. Two residents appear in need of bathing/dental care.
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)		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	N	9. One resident's room smelled of need for wound care. 14. Observed
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	
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?		

Facility / date: 5-11-17 Thursday Laurels

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	15b Residents in activity room were being fed. 17. At admission.
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)?	Y	
17c. Is fresh ice water available and provided to residents?	NA	
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>Discussed process of dental care provided to residents with dental needs. Dental Hygienist q 2months provide service for residents deemed in need of care. Dentist q 3months for more advanced dental care. Payment sources may alter the type of dental care. A list of residents in need of dental care is maintained and used to assure care.</p> <p>Residents may refuse to shower. Plan of care includes strategies to obtain resident acceptance of showering. Family is involved.</p>

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