

**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: 127/140
Visit Date and day of the week NOV 14th	Time spent in facility 1 hours 20 minutes	Arrival time 11:00 am
Name of person(s) with whom exit interview was held ANITA SPATE, MELISSA LERNER		Interview was held X in person
Committee members present: MICHEAL LEVANDOSKI , CAROLYN TOWNSEND		
Number of residents who received personal visits from committee members 13		Report completed by: CAROLYN TOWNSEND
Resident Rights information is clearly posted? X	Ombudsman contact information is correct and clearly posted. Yes	
The most recent survey was readily accessible X JULY 2017	Staffing information clearly posted? X	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
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?	N/A	
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	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	9. Odor on 800 hall. Staff aware of resident issues which they are working with the family and the resident to make changes in toileting habits.
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?	N/A	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	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	

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. Ball toss in the activity room. In memory care, a music activity had just finished and balloon toss was next after residents rested a bit. 17b. All residents we met with said the food was good. 18. Many residents have their own phone. Privacy is available.
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?	Y N	

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>None at this time.</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>Laurels is in its window for a state inspection and they are preparing for it. They have contracts with several LTC facilities to accept their patients and staff in case of an emergency situation, and will accept from those facilities if they have an emergency.</p> <p>Saw and met the dentist and the assistant who were servicing a resident's dental issues. They come in every other month on contract to work with the residents. The resident said they were nice to him, treated him well and his mouth felt way better when they complete the dental work which included cleaning of the teeth.</p> <p>Residents expressed they received good care.</p>