Community Advisory Committee Quarterly/Annual Visitation Report						
County: Chatham	· · · · · · · · · · · · · · · · · · ·		Facility Name/Address: The Laurels 72 Chatham Business Park Pittsboro NC 27312			
Visit Date: 1427/2023 Time spent in facility: 45 min		Arrival time: 2:55 pm				
Name of person exit inter	view was held with: Interview was held:	>	K in Person	] Phone		
Admin. SIC (Supervisor in Charge). Other Staff Rep.			(Name & Titl	e) Barbara Duke, Director of Nursing		
Committee Members Present: Anita Tesh, Kevyn Immerman		·	Report Completed by: Anita Tesh			
Number of Residents who received personal visits from committee members: 5 Residents						
Resident Rights Information is clearly visible: x Yes No Ombudsman Contact Info is correct and clearly posted: x Yes No						
				nformation clearly posted: X Yes  No N/A		
(Required for Nursing Homes Only)  Resident Profile		Yes/No/NA	Comments/Other Observations			
	appear neat, clean and odor free?		Yes	Residents clean and well groomed		
	y they receive assistance with personal	care	103	Residents with whom we spoke stated care was		
activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?		Yes	"good overall"			
<ol> <li>Did you see or hear residents being encouraged to participate in their care by staff members?</li> </ol>		Yes	Physical Therapy observed to be in process.			
-	•		Yes	Residents interacting with each other and staff		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?		Yes	CAC heard a resident calling out for help & reported this to a staff member, who responded <b>immediately</b> in a kind and caring manner.			
6. Did you observe	restraints in use?		No	inimediately in a kind and caring manner.		
7. If so, did you ask staff about the facility's restraint policies?						
/. It so, did you ask	c staff about the facility's restraint policie	es?	NA			
		es?	NA Yes/No/NA	Comments/Other Observations		
Resident Living	A staff about the facility's restraint policies  Accommodations  scribe their living environment as homel			Comments/Other Observations  No complaints or concerns expressed by residents about environment.		
Resident Living  8. Did residents de  9. Did you notice u	Accommodations scribe their living environment as homel upleasant odors in commonly used area	like? as?	Yes/No/NA Yes	No complaints or concerns expressed by		
8. Did residents de 9. Did you notice u 10. Did you see item	Accommodations scribe their living environment as homel appleasant odors in commonly used area as that could cause harm or be hazardou	like? as?	Yes/No/NA Yes No No	No complaints or concerns expressed by residents about environment.		
8. Did residents de 9. Did you notice u 10. Did you see item 11. Did residents fee	Accommodations scribe their living environment as homel upleasant odors in commonly used area as that could cause harm or be hazardor all their living areas were too noisy?	like? as?	Yes/No/NA Yes No No No	No complaints or concerns expressed by residents about environment.  No concerns expressed by residents about noise		
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Does the facility have a Resident's Council?     Family Council?  Areas of Concern	Yes No Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  1) One resident who was willing to be identified stated that her rehab was finished and she "wasn't sure why she was still here." She also expressed concern that a relative might be using her debit card.	Yes	On exit interview, discussed positive observations and comments by residents. Also shared name and concern of resident noted at left. Director of Nursing indicated that she would follow up with the resident.

This Document is **PUBLIC RECORD**. **Do not** identify any Resident(s) by name or inference on this form. **Top Copy** is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.