Com	munity Advisory Committ	ee Qua	rterly/Ann	nual Visitation Report	
County: Chatham			Facility Name/Address:		
,	Family Care Home X Nursing Home 140 bed SNF with		The Laurels		
			72 Chatham Business Park		
	Memory Care U		Pittsboro NC 2		
	Adult Care Home Combinatio				
Visit Date: 7/20/2023			Arrival time: 5:12 pm		
		(in Person Phone			
Admin. SIC (Supervisor in Charge). Other Staff Rep. (Name & Title) Steve Wofford, LPN					
Committee Members Present: Anita Tesh, Patti Liegl, and trainees Patricia Regan and Sigi Markworth Report Completed by: Patti Liegl					
Number of Residents who received personal visits from committee members: 4 Residents, 2 Employees					
				fo is correct and clearly posted: X Yes	
			nformation clearly posted: X Yes		
(Required for Nursing Homes Only)				,,,	
Resident Profile			Yes/No/NA	Comments/Other Observations	
1. Do the residents	appear neat, clean and odor free?			Residents were clean and well groomed. Most	
			Yes	residents were cheerful and welcoming to CAC members.	
2. Did residents say they receive assistance with personal care			Yes	Residents we spoke to stated their care was good, and staff was "hard working."	
activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?			165		
3. Did you see or hear residents being encouraged to participate in their care by staff members?			Yes	Gentle guidance to eat was noted in Memory Care during dinner.	
4. Were residents i	nteracting with staff, other residents & v	isitors?	Yes		
5. Did staff respond to or interact with residents who had difficulty		Yes			
communicating or making their needs known verbally?			No	-	
6. Did you observe restraints in use?			No NA	-	
7. If so, did you ask staff about the facility's restraint policies?					
Resident Living Accommodations			Yes/No/NA	Comments/Other Observations	
8. Did residents describe their living environment as homelike?		ike?	Yes	No complaints or concerns expressed by residents about the environment.	
9. Did you notice unpleasant odors in commonly used areas?			No		
10. Did you see items that could cause harm or be hazardous?			No		
11. Did residents feel their living areas were too noisy?			No		
12. Does the facility accommodate smokers?			Not	Smoking was not addressed on this visit. In the	
Where? X Outside only Inside only Both Inside/Outside			addressed	past, smokers have had supervised smoking breaks.	
13. Were residents able to reach their call bells with ease?		Yes			
14. Did staff answer call bells in a timely & courteous manner?		Yes	A call bell was observed and responded to		
If no, did you share this with the administrative staff?			quickly by staff.		
Resident Servic	es		Yes/No/NA	Comments/Other Observations	
	sked their preferences or opinions about for them at the facility?	ut the	Yes	Some residents were positive about the activities offered. Another resident noted there are not too many activities but that there are plenty of books. In Memory Care, some activities were integrated with meal times.	
their choice using	e the opportunity to purchase personal their monthly needs funds? cess their monthly needs funds at their		Yes	One resident said he has \$30/month allowance for purchases. Another noted he has \$50 for trips to Walmart.	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?		Yes Yes	Residents' comments varied; "It's alright, it's eatable;" "They cook it and we have to eat it," and "They are very hard working because of so many special diets."		

18. Do residents have privacy in making and receiving phone calls?	Yes	Phones are in rooms, and some residents also have cell phones. Staff knock before entering rooms.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Evidence from activity calendar. One resident noted a pastor comes to The Laurels every Sunday.
20. Does the facility have a Resident's Council? Family Council?	Not addressed	Not addressed on this visit. On the April visit, the Resident's Council as active.
Areas of Concern	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? Poison ivy was noted at the entrance growing onto the sidewalk. One resident who was unwilling to be identified stated s/he no longer receives physical therapy. S/he stated s/he would do much better if s/he could practice walking and swim in a pool. This Document is PUBLIC RECORD . Do not identify a	Yes	On exit interview, discussed positive observations and comments by residents were shared. Mr. Wofford noted the poison ivy had already been reported to Maintenance. The resident who did not want their name disclosed was provided contact information for Autumn Cox, Regional Ombudsman. The different monthly needs fund of \$30 for one resident and \$50 for another is most likely supplemented by family.

<u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.