

Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham	Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home <div style="text-align: center;">140 bed SNF</div> and Memory Care Unit <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Combination Home	Facility Name/Address: The Laurels 72 Chatham Business Park Pittsboro NC 27312
Visit Date: 10/29/2023	Time spent in facility: 50 minutes	Arrival time: 1:18 pm

Name of person exit interview was held with: Interview was held: in Person Phone

Admin. SIC (Supervisor in Charge). Other Staff Rep. (Name & Title) Amanda Ertle, Director of Marketing

Committee Members Present: Anita Tesh, Patricia Regan and Kevyn Immermann	Report Completed by: Kevyn Immermann
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Number of Residents who received personal visits from committee members: 7 Residents, 2 Family Members

Resident Rights Information is clearly visible: Yes Ombudsman Contact Info is correct and clearly posted: Yes

The most recent survey was readily accessible: Yes
(Required for Nursing Homes Only) Staffing information clearly posted: Yes

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents were clean and well groomed. Residents were cheerful and welcoming to CAC members. One resident said, "they are good to me." One family member said that their loved one received good care. One resident said, "I wouldn't be alive if it wasn't for these folks." Saw 2 residents in wheelchairs being separated when staff noticed one was starting to be annoyed by resident next to them.
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	Yes	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
4. Were residents interacting with staff, other residents & visitors?	Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	NA	

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	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? Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Yes	There is a schedule that is adhered to in an outside supervised smoking area
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes	A call bell was observed and responded to quickly by staff.

Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	Residents said they enjoy the activities offered. One resident stated that he wanted to participate in the activities but needs help getting there.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	Yes	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Residents seem to like the food. One resident said she would like alternatives for meals. Phones are in rooms, and some residents also have cell phones. Staff knock before entering rooms.
18. Do residents have privacy in making and receiving phone calls?	Yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Evidence from activity calendar.

20. Does the facility have a Resident's Council? Family Council?	Yes No	The Resident's Council is active. Not enough interest from families for Family Council.
Areas of Concern	Yes/No/NA	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>Poison ivy is starting to grow back again.</p> <p>Resident who was willing to be identified stated they don't eat beef or pork and would like alternatives.</p>	Yes	<p>On exit interview, discussed positive observations and comments by residents were shared.</p> <p>Poison Ivy was noted and will be taken care of</p> <p>Any diet restrictions need to be in their chart. They will accommodate them when they know. Name of resident who wanted alternatives shared with SIC on exit interview, who will follow up.</p>

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.