Community Advisory Committee Quarterly/Annual Visitation Report							
County: Chatham Facility Type:			Facility Name/Address:				
		Family Care Home X Nursing Home		The Laurels			
	140 bed SNF			72 Chatham Business Park			
		and Memory Care		Pittsboro NC 2	2/312		
Visit Date: 4/20/24 Adult Care Home Combination Home				Arrival time: 1:03 pm			
1 7				X in Person Phone			
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Admin. X SIC (Supervisor in Charge). Other Staff Rep. (Nam Committee Members Present: Kevyn Immermann, Patti Liegl & Patricia Re					Peavey, Medical Records & Steve Wofford, LPN		
		, , , , , , , , , , , , , , , , , , ,		<b>.</b>	Report Completed by: Patricia Regan		
Number of Residents who received personal visits from committee members: 13 Residents							
					fo is correct and clearly posted: X Yes		
The most recent survey was readily accessible: <b>X</b> Yes Staffi (May 2023)				mormation clea	rly posted: X Yes		
(May 2023) (Required for Nursing Homes Only)							
Resident Pr		Shiyi		Yes/No/NA	Comments/Other Observations		
		pear neat, clean and odor free?			Residents were clean and well groomed.		
T. Do the read				Yes	Residents were very talkative, cheerful and welcoming to CAC members.		
2. Did residen	its say the	ey receive assistance with personal of	care		One resident stated that the staff tries to help		
activities? Ex. brushing their teeth, combing their hair, inserting					you out. For example, they also get your clothes		
dentures or	r cleaning	g their eyeglasses?		Yes	out for her. Another resident shared his		
					schedule for showers and bedside baths plus schedule for physical therapy.		
3. Did you see	e or hear	residents being encouraged to partic	cipate in		Staff was very busy providing care during the		
their care b					entire time of the visit and doing so in a		
	•			Yes	compassionate, happy caring and with a warm		
					and friendly attitude. They were providing		
					services with a smile on their faces.		
4. Were residents interacting with staff, other residents & visitors?				Yes			
		or interact with residents who had di aking their needs known verbally?	miculty		Care for residents was observed and performed with respect, patience and most of all with a		
	U	Ū į			pleasure to serve using a positive approachable		
					manner, one resident was using his stuffed		
				Yes	animal hidden under his shirt making the noise of		
					cutting down trees as he moved around in his		
					wheelchair engaging in conversations with residents to include us. Staff and residents		
					smiled as he passed by them.		
6. Did vou obs	serve res	traints in use?		No			
7. If so, did you ask staff about the facility's restraint policies?				NA			
		ccommodations	-	Yes/No/NA	Comments/Other Observations		
		be their living environment as homeli	ike?	Yes	There were no complaints or concerns reported.		
	•			No			
10. Did you see items that could cause harm or be hazardous?			No	-			
11. Did residen	Did residents feel their living areas were too noisy?			No			
		ommodate smokers?		Yes	There was a scheduled smoke break during our		
Where? X (	Outside o	only 🗌 Inside only 🗌 Both Inside/C	Outside		visitation. Supervised smoke break schedule		
					was posted and additional information was on		
12 Mana maria	onto obl-	to roach their call halls with accord		Vac	table in the same area in the lobby.		
		to reach their call bells with ease?	ar?	Yes NA	There were no call hells alarms during our visit		
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?			71 f		There were no call bells alarms during our visit.		
ii no, ulu yo							
Resident Se	ervices			Yes/No/NA	Comments/Other Observations		
		ed their preferences or opinions abou	ut the	Yes	Activities for the day were posted and one		
		r them at the facility?			resident had a scheduled posted in his room.		

	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	Residents have access to personal money and can use as needed.
	Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	One resident shared with CAC that he had some health issues and most of the food served was not appropriate for him; therefore, he uses other means to get the food he need. This same resident shared that the food is not of his home-cooking style. Overall, the majority of the residents stated they liked the food and have learned to adapt to the seasonings /lack of seasonings because of individual preferences in taste.
	Do residents have privacy in making and receiving phone calls?	Yes	Phones are in rooms, and some residents also have cell phones. Staff knocked before entering rooms.
	Is there evidence of community involvement from other civic, volunteer or religious groups?	Not observed	While a daily exercise calendar was posted, there was a monthly Activity Calendar posted in one of the resident's rooms.
20.	Does the facility have a Resident's Council? Family Council?	Yes No	The Resident's Council is active.
Are	eas of Concern	Yes/No/NA	Exit Summary
There we	ere no areas of concerns noted during this visited.	No	The exit interview was quite positive, observations and comments from residents were shared. Staff was welcoming as smiles were shown on their faces. This was a very positive visit as we observed the interaction between staff and residents filled with a pleasure to serve. One staff member seems to recognize a couple of the residents as Mama and Grandma as she passed one in the hallway and another as she passed one in the hallway and another as she passed her room. The landscaping was nice and the entrance was filled with colorful hanging baskets, pots of flowers, which brought about a warm and welcoming environment to visitors. Large framed posters "Postings & Reportings Concerns/Grievances Notice" and "Compliance Program" were mounted in the front hall. Both provide excellent resources for residents and family members with contact information readily available.

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