

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe  
 Facility Type -  Adult Care Home  Nursing Home  Family Care Home  Combination Home  
 Facility Name: Chase Samaritan  
 Visit Date: 2/27/18 Time Spent in Facility: 1 hr 0 min  
 Name of Person Exit Interview was held with: Summer Rzy Arrival Time: 1:00 am  pm  
 Phone: Admn. SIC (Supervisor in Charge) Other staff  
 Interview was held  In-Person  
 Rep: Adam Letts, Minks, Summer Rzy Admin  
 Committee Members Present: Adam Letts Minks Report Completed by: Adam

Number of Residents who received personal visits from committee members: Five  
 Resident Rights Information is clearly visible.  Yes  No  
 Ombudsman contact information is correct and clearly posted.  Yes  No  
 The most recent survey was readily accessible.  Yes  No  
 Staffing information is posted. did not see this  Yes  No  
 (Required for Nursing Homes Only)

**Resident Profile**

- Do the residents appear neat, clean and odor free?  Yes  No
- Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?  Yes  No
- Did you see or hear residents being encouraged to participate in their care by staff members?  Yes  No
- Were residents interacting w/ staff, other residents & visitors?  Yes  No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  Yes  No
- Did you observe restraints in use?  Yes  No
- If so, did you ask staff about the facility's restraint policies?  Yes  No

**Comments & Other Observations**

Residents of various ages + abilities

**Resident Living Accommodations**

- Did residents describe their living environment as homelike?  Yes  No
- Did you notice unpleasant odors in commonly used areas?  Yes  No
- Did you see items that could cause harm or be hazardous?  Yes  No
- Did residents feel their living areas were too noisy?  Yes  No
- Does the facility accommodate smokers?  Yes  No
- Where?  Outside only  Inside only  Both Inside and Outside.
- Were residents able to reach their call bells with ease?  Yes  No
- Did staff answer call bells in a timely & courteous manner?  Yes  No
- If no, did you share this with the administrative staff?  Yes  No

**Comments & Other Observations**

Found closets with soaps and other chemicals unlocked. Housekeeping cart with cleaning supplies unattended in hallway. Some residents complained that stealing was a problem. Residents did not have keys to private locked areas

**Resident Services**

- Were residents asked their preferences or opinions about the activities planned for them at the facility?  Yes  No
- Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  Yes  No
- Can residents access their monthly needs funds at their convenience?  Yes  No
- Are residents asked their preferences about meal & snack choices?  Yes  No
- Are they given a choice about where they prefer to dine?  Yes  No
- Do residents have privacy in making and receiving phone calls?  Yes  No
- Is there evidence of community involvement from other civic, volunteer or religious groups?  Yes  No
- Does the Facility have a Resident's Council? N/A  Yes  No

**Comments & Other Observations**

Resident complained of rapid staff turnover, schedule of activities fairly basic. One a hour activity per day. i.e. - Bingo, shopping, movie.

This Document is a 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.

**Areas of Concern**

**Exit Summary**

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

Reviewed Residents needing  
Keys to locked areas  
(mail-boxed interlocked in rooms to  
use as safes)

No real changes from  
last visit