

Community Advisory Committee Quarterly/Annual Visitation Report

2014
2/25/14

County: Broward

Facility Type:	
<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home

Facility Name: Chase Samaritan

Visit Date: 2/25/14 Time Spent in Facility: 50 hr 50 min Arrival Time: 4:10 am

Name of Person Exit Interview was held with: Michelle Shook Interview was held In-Person

Title: Check Box Admn. SIC (Supervisor in Charge) Other staff

Committee Members Present: ADAMI/ Latta/ Bicker Report Completed by: ADAMI

Number of Residents who received personal visits from committee members: SIX

The most recent survey was readily accessible. Yes No
 (Required for Nursing Homes Only)

Resident Rights Information is clearly visible. Yes No

Ombudsman contact information is correct and clearly posted. Yes No

Staffing information is posted. Yes No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residents of mixed abilities and ages. All residents dressed. - many residents were lying in bed.
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <u>N/A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chrom Cleaning chemicals left in unlocked bathroom. Call Bell system - only worked in one room - other rooms had bell to ring for patients. - other one resident reported that call bells are not insured.
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Did you see items that could cause harm or be hazardous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <u>unknown</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residents 1/2 food not being enough. Portions were too small. One resident reported that activities do not take place as planned.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? <u>unknown</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? <u>unknown</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Were there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Areas of Concern

Exit Summary

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

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

Check on why there are so many O₂ concentrators on the premises

Discussed that if they had a call bell system it needed to either call work or none of it work.

Dinner meal drinks set out At least 30 minutes prior to meal - milk + water glasses filled + left on table. -

Discussed fly-paper in a resident room that he said had been there since he moved in 2 months prior.

No knives given at place settings.

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