

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		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: 8-13-15	Time Spent in Facility: _____ hr 50 min		Arrival Time: 4 : 10 am <input checked="" type="checkbox"/> pm		
Name of Person Exit Interview was held with: Jordan Johnson				Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone: _____	
Title: Check Box <input type="checkbox"/> Admn. <input type="checkbox"/> <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other staff		Committee Members Present: Adami / Latta Report Completed by: Adami			

Number of Residents who received personal visits from committee members: **SEVEN**

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. All dressed and out of bed. Mix of mental health clients and elderly. Police visited in last 3 days, one resident attacked 2 staff members
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 checked="" type="checkbox"/> Yes <input 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. Did 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	> did not determine/observe
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residents complained of too much Turkey being served.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is 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 type="checkbox"/> Yes <input checked="" 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 the next visit?

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

None noted this visit. - Was unable to check meal plan against meal being served due to the meal being served at the time of visit. - (Kitchen staff very busy)

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Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

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