

Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Duncombe</u>		Facility Type:			Facility Name:		
		<input checked="" type="checkbox"/> Adult Care Home			Chase Samson		
		<input type="checkbox"/> Combination Home	<input type="checkbox"/> Family Care Home				
				<input type="checkbox"/> Nursing Home			
Visit Date	3	17	15	Time Spent in Facility	1	hr	min
Name of Person Exit Interview was held with:				Arrival Time		4	:
Name: <u>Michelle Shook</u>				Interview was held		<input checked="" type="checkbox"/> In-Person	
Title: Check Box				Admn.		Phone:	
Committee Members Present: <u>Adami / Letts</u>				<input checked="" type="checkbox"/> SIC (Supervisor in Charge)		Other staff	
Number of Residents who received personal visits from committee members: <u>Four</u>				Report Completed by: <u>Adami</u>			

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Required for Nursing Homes Only</i> <u>N/A</u>	

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
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	
Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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
Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unknown
Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
b. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
a. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Activity schedule had 'block' activities such as bingo, artwork, music first each day from 1 to 4pm. Residents did say the activities did not take place. Except for Friday afternoon shopping trip. Residents reported that the dietary services had improved.
b. 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	
a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 a next visit?

clocks - (wall clocks) in public + private areas had the wrong time. - Asked the staff to correct this. (Bellows had gone dead)

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

- Discussed clocks that were stopped

- Discussed unlocked bathroom/shower with soaps + shampoo + dirty clothing

- Discussed one resident complaint of her scabies not being properly treated.