

Community Advisory Committee Quarterly/Annual Visitation Report

County: Suncombe	Facility Type:				Facility Name:								
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/>	Family Care Home		Chase Samaritan								
	<input type="checkbox"/> Combination Home	<input type="checkbox"/>	Nursing Home										
Visit Date 1/22/15	Time Spent in Facility		hr	45	min	Arrival Time	10	:	1	:	x	am	pr
Person Exit Interview was held with: Annette Jones, General Manager							Interview was held		In-Person or Phone (Circle) in person				

	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Peggy Franc, Annie Butzner	Report Completed by: Peggy Franc
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Number of Residents who received personal visits from committee members: 8

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input type="checkbox"/> No Posted but out-dated
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The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Yes	No	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	<input type="checkbox"/>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Did you observe restraints in use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	<input type="checkbox"/>	

Resident Living Accommodations Observations	Yes	No	Comments & Other
3. Did residents describe their living environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

as homelike?	<input type="checkbox"/>		<input type="checkbox"/>	
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 type="checkbox"/> Outside only <input checked="" 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?	<input checked="" 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
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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
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?	<input checked="" type="checkbox"/>	Yes	<input 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 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. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Currently without an Activities Director. New Activities Director scheduled to begin work Monday, 9/28

Didn't see any

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

- Of the 8 residents I interviewed, 2 complained that the food was not good. That it didn't taste good and that the portions were too small. Both were younger residents. The other 6 said the food was ok to very good.

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

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