

COMMUNITY ADVISORY COMMITTEE QUARTERLY VISITATION REPORT

County Buncombe		Date 9/9/2015	Facility Name Chase Samaritan		
Number of Residents Visited:		Length of Visit: ___ hour _50_ min		Facility Type	
Report Completed by: Don Streb				<input checked="" type="checkbox"/> Adult Care Home (ACH) <input type="checkbox"/> Family Care Home (FCH) <input type="checkbox"/> Nursing Home (NF)	
Other Members Present: Paula Garber					
Exit Review Conducted With: Somer Ray			Title: Super on Duty		
Posted	Residents Rights	Ombudsman Contact	Staffing Information	Survey Results (NH only)	
Yes	x	Needs to be updated	x		
No					

RLTCO Office Use Only:

Reviewed

Entered in ODIS

cc: Facility

cc: DSS (ACH only)

1	WHAT RESIDENTS REPORT DURING INTERVIEW	YES	NO	ADDITIONAL INFORMATION
	Are you aware you have rights as a resident here?			
Do you feel treated with respect, consideration, dignity, and privacy as a resident here?				
Are you able to make complaints/suggestions without fear of retaliation?				
Are you free from mental and physical abuse?				
Do you know what to do if you are mistreated here?				
Is your personal/medical information kept confidential?				
Are you asked for input with planned activities?			x	
Do you enjoy the activities offered by the facility?			x	
Is your personal care provided in a way you like?				
Do you receive a response to your requests?				
Can you access your personal needs funds when requested? If no, why?				
Does the home encouraged personalization of your room?	x			
Do you feel safe and secure here?				
Do you feel the home is too noisy? If so, when and where?			x	
Are you permitted to smoke here? If so, are you aware of the smoking policy?	x			
Can you reach the call bell?				
Does staff answer your call bell timely?				
Do they ask what you prefer to eat?				
Do you get to seat where you like during meals?				
WHAT CAC MEMBERS OBSERVE	Yes	No	OBSERVATIONS	
Residents appear neat, clean and odor free?		x		
Residents are up and out of bed/room and socializing?				
Staff interact respectfully with residents who have difficulty communicating or making needs known.				
Call bells/lights appear to be accessible and answered timely.				
Staff support residents' right to privacy and dignity.				
AREAS OF CONCERN	EXIT REVIEW SUMMARY			
<p>The bedrooms were free of dust on the floors however several rooms were very cluttered. Room 203 was so full of STUFF we felt it was a safety hazard. Room 201 had a very strong smell of cigarette smoke. The hallway to the right upon entering the building had a urine smell.</p> <p>The majority of residents we talked to said the food was not good and all residents said they could never have 2nd. In fact some residents said</p>	<p>Summarize exit review. Note issues requiring follow-up. Issue: _____ Follow-up by date: _____ By whom: _____</p>			

sometimes they run out of the food for the first time and are giving a slice of toast in place of the listed menu item. When asked about snacks we were told they are taken to the residents. No sign of any fresh fruits or snacks available on an as want desire. There are NO planned in house or out of house activities.

Overall we felt the facility has a high number of mentally changed residents which may be a burden on the number of staff available.