

Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Buncombe</i>	Facility Type - <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name: <i>Chese Samaritan</i>
Visit Date <i>3 16 17</i>	Time Spent in Facility hr <i>50</i> min	Arrival Time <i>3 : 40</i> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with <i>Sumner Ray</i>		Interview was held <input checked="" type="checkbox"/> In-Person
Phone	Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff

Rep: *Sumner Ray* (Name & Title)

Committee Members Present: *Adami / LzHe* 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Resident Profile

1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 type="checkbox"/> No

Comments & Other Observations

*Residents dressed, beds made
Residents, in general, voiced unhappiness with the home, only specific complaint was about the food.*

Resident Living Accommodations

8. Did residents describe their living environment as homelike?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 type="checkbox"/> No
14. Did staff answer call bells in a timely & courteous manner?	<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

Comments & Other Observations

*- Environment somewhat institutional in appearance.
- most mandatory postings temporarily not posted due to recent renovations*

Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/> Yes <input 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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments & Other Observations

*meals not posted.
Activity calendar lists one activity per day many without times listed - example: 'Bingo', 'nightly movie'
- Some Church involvement*

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.