

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Chase Samaritan							
		Adult Care Home		Family Care Home									
		Combination Home		Nursing Home									
Visit Date 3/11/17	Time Spent in Facility minutes		h	35	min	10:00		:		<input checked="" type="checkbox"/>	am	pm	
Person Exit Interview was held with: Somer Ray							Interview was held		(xIn-Person) or Phone (Circle)				
		SIC (Supervisor in Charge)		Other Staff: (Name & Title)									
Committee Members Present: Don Streb, Paula Garber, Laura Wagenknecht, Bennett Lincoff							Report Completed by: Don Streb						
Number of Residents who received personal visits from committee members:													
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 checked="" type="checkbox"/> No			
The most recent survey was readily accessible. (Required for Nursing Homes Only)				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Staffing information is posted.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Resident Profile							Comments & Other						
Observations													
1. Do the residents appear neat, clean and odor free?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		No visible signs for help with personal hygiene							
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				<input type="checkbox"/> Yes <input type="checkbox"/> No									

encouraged to participate in their care by staff members?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

4. Were residents interacting w/ staff, other residents & visitors?

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
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6. Did you observe restraints in use?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

7. If so, did you ask staff about the facility's restraint policies?

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Resident Living Accommodations Observations

Comments & Other

Do residents describe their living environment as home-like?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Do you notice unpleasant odors in commonly used areas?

Do you see items that could cause harm or be hazardous?

Do residents feel their living areas were too noisy?

Does the facility accommodate smokers?

Where? Outside only Inside only Both Inside and Outside.

Are residents able to reach their call bells with ease?

Do staff answer call bells in a timely & courteous manner?

If no, did you share this with the administrative staff?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Services

Comments & Other Observations

Are residents asked their preferences or opinions about the activities planned for them at the facility?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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
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Can residents access their monthly needs funds at their convenience?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Are residents asked their preferences about meal & snack choices?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
residents have privacy in making and receiving phone calls?					
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Is there evidence of community involvement from either civic, volunteer or religious groups?					
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input 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?

51 residents out of 53 openings

The floors in the hallways were clean and no smell of urine or other objectionable odor, however the resident's rooms were far from clean. The floors were dirty, signs of sticky substances on the tile. Not nearly enough storage in the rooms for the amount of stuff present. Personal belongings being stored under beds or just stacked around. Smoking area looked as though it had not been cleaned in a long time.

Doors to laundry room, linen room and showers left unlocked and unattended. An entire set of keys was hanging from a lock on one storage room door with no attendant around.

Limited selection of food for meals, no choices, no signs of snacks or beverages being available. One resident said they get the same cracker every day for 4 days in a row. No menu posted.

A resident said that when she asked to be taken to the library she was refused. The same resident said all she was given for breakfast was a bowl of grits and applesauce. Other resident said no fresh fruit, no choices, no seconds. Very little food.

Activity schedule is extremely limited with no weekend activity for the entire month.

I did not see call bells anywhere. Facility needs new Ombudsman and contact sheet as well as a new bill of rights poster.

Asked about staffing and was told all shifts are covered but the staff is being over worked and it showed

Most residents do NOT appear to be well taken care of which is noticed in their personal appearance. Hair not combed, general cleanliness absent and clothing not appearing really clean and neat. No signs of anyone working with residents on personal values and hygiene. Residential mix seems out of balance. Several folks who need more care mixed in with lower care residents.

The dining area is in need of a good cleaning. A kitchen worker was resetting tables for lunch and the tables had not even been wiped down from breakfast. Liquid and food particles still on tables. Food scrapes and other waste on the floor.

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

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This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.