Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe
Facility Type: 
- Adult Care Home
- Nursing Home
- Combination Home
Facility Name: Chase Samaritan

Visit Date: 2-27-18
Time Spent in Facility: 1 hr
Arrival Time: 11:00 am
Interview was held: In-Person
Interview was held with: Summer Roy

Committee Members Present:
- Adami Lette
- Minks
- Summer Roy

Report Completed by: Adami

Number of Residents who received personal visits from committee members: 5

Resident Rights Information is clearly visible: Yes
Ombudsman contact information is correct and clearly posted: Yes

The most recent survey was readily accessible (Required for Nursing Homes Only): No
Staffing information is posted: Yes

Resident Profile
1. Do the residents appear neat, clean and odor free? Yes
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes
4. Were residents interacting w/ staff, other residents & visitors? Yes
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes
6. Did you observe restraints in use? Yes
7. If so, did you ask staff about the facility’s restraint policies? Yes

Resident Living Accommodations
8. Did residents describe their living environment as homelike? Yes
9. Did you notice unpleasant odors in commonly used areas? Yes
10. Did you see items that could cause harm or be hazardous? Yes
11. Did residents feel their living areas were too noisy? Yes
12. Does the facility accommodate smokers? Yes
12a. Where? Outside only
13. Were residents able to reach their call bells with ease? Yes
14. Did staff answer call bells in a timely & courteous manner? Yes
14a. If no, did you share this with the administrative staff? Yes

Resident Services
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes
16. Do residents have the opportunity to purchase personal items if their choice using their monthly needs funds? Yes
6a. Can residents access their monthly needs funds at their convenience? Yes
7. Are residents asked their preferences about meal & snack choices? Yes
7a. Are they given a choice about where they prefer to dine? Yes
8. Do residents have privacy in making and receiving phone calls? Yes
9. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes
10. Does the Facility have a Resident’s Council? No

Comments & Other Observations
- Residents of various ages & abilities
- Residents complained of rapid staff turnover, schedule of activities poorly basic, one a hour activity per day, IE Bingo, shopping, movies.

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.
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from &quot;Areas of Concern&quot; Section as well as any changes observed during the visit.</td>
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<tr>
<td>Reviewed Resident needing Keys to locked areas (mailboxes installed in rooms to use as sinks)</td>
<td>No real changes from last visit</td>
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