## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** None specified

**Facility Type:**
- X Adult Care Home
- Family Care Home
- Combination Home
- Nursing Home

**Facility Name:** Chase - Samaritan

**Visit Date:** 8/31/17

**Time Spent in Facility:** 3 hr 55 min

**Arrival Time:** 4:10 am

**Interview was held:** X In-Person

**Name:** Summer Ray

**Title:** Check Box

**Admin.**

**SIC (Supervisor in Charge):**

**Committee Members Present:**

**Report Completed by:** Admin. 1/2/17

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

- **WILL:**

### Resident Rights Information is clearly visible.

- **Yes**

### Ombudsman contact information is correct and clearly posted.

- **Yes**

### The most recent survey was readily accessible.

- **NA**

### Staffing information is posted.

- **Yes**

## Resident Profile

1. Do the residents appear neat, clean and odor free?
   - **Yes**

   **Comments & Other Observations:** Residents were dressed but somewhat disheveled.

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**

   **Staff was interacting with residents**

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**

   **Comments & Other Observations:** Housekeeping needs with chemicals were left out in the open.

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**

13. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.

14. Were residents able to reach their call bells with ease?
    - **Yes**

15. Did staff answer call bells in a timely & courteous manner?
    - **Yes**

16. If no, did you share this with the administrative staff?
    - **Yes**

## Resident Services

17. Are residents asked their preferences or opinions about the activities planned for them at the facility?
    - **Yes**

18. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?
    - **Yes**

19. Can residents access their monthly needs funds at their convenience?
    - **Yes**

20. Are residents asked their preferences about meal & snack choices?
    - **Yes**

21. Are they given a choice about where they prefer to dine?
    - **Yes**

22. Do residents have privacy in making and receiving phone calls?
    - **Yes**

23. Is there evidence of community involvement from other civic, volunteer or religious groups?
    - **Yes**

24. Does the Facility have a Resident's Council?
    - **Yes**

**Comments & Other Observations:** Activity calendar for August was blank - No activities taking place during visit.
<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>
</tr>
<tr>
<td>Check on activities</td>
<td>Home under new management, most residents say it has improved.</td>
</tr>
<tr>
<td>Needs more community involvement.</td>
<td></td>
</tr>
</tbody>
</table>

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