Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County: Forsyth</th>
<th>Facility Type:</th>
<th>Facility Name: Chase E. Samanow</th>
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<tbody>
<tr>
<td>Visit Date: 5-15-2012</td>
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<tr>
<td>Time Spent in Facility:</td>
<td>3.5 hr 0 min</td>
<td>Arrival Time: 4:10 pm</td>
<td></td>
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<tr>
<td>Name of Person Exit Interview was held with: J. Ray</td>
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<tr>
<td>Title: Check Box</td>
<td>Admin.</td>
<td>SIC (Supervisor in Charge)</td>
<td>Other staff</td>
</tr>
<tr>
<td>Committee Members Present:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Residents who received personal visits from committee members: 4</td>
<td></td>
<td></td>
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<tr>
<td>Resident Rights Information is clearly visible.</td>
<td>Yes</td>
<td>Ombudsman contact information is correct and clearly posted.</td>
<td>Yes</td>
</tr>
<tr>
<td>The most recent survey was readily accessible.</td>
<td>Yes</td>
<td>Staffing information is posted.</td>
<td>Yes</td>
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**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 with 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 | Inside only | Both Inside and Outside
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 of their choice using their monthly needs funds? **Yes**
16a. Can residents access their monthly needs funds at their convenience? **Yes**
17. Are residents asked their preferences about meal & snack choices? **Yes**
17a. Are they given a choice about where they prefer to dine? **Yes**
18. Do residents have privacy in making and receiving phone calls? **Yes**
19. Is there evidence of community involvement from other civic, volunteer or religious groups? **Yes**
20. Does the Facility have a Resident’s Council? **Yes**

**Comments & Other Observations**

- Residents of varying ages & abilities
- Some renovations underway
- New flooring, new lighting to be installed, new paint, and floor board replacement
- Housekeeping carts & stops set
- Wheelchair limited during the visit
- Colorful, well-attended church with music group going on during the visit.
Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Spoke with SIC about residents concern that they were not able to go to MD appointments. Home how primary care & other specialty services offered in house.

Exit Summary

Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.

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.