

# Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Quince</i>	Facility Type - <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name: <i>Evergreen Living Home # 2</i>
Visit Date <i>3/1/14</i>	Time Spent in Facility <i>15</i> hr <i>15</i> min	Arrival Time <i>10:53</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <i>Mee Kyung Kim</i>		Interview was held <input type="checkbox"/> In-Person <input checked="" type="checkbox"/>
Phone	Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff

Rep: *Mee Kyung Kim* (Name & Title)

Committee Members Present: *Sally Foster Jeri Hahner Judy Oleunik* Report Completed by: *Jeri Hahner*

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible.  Yes  No      Ombudsman contact information is correct and clearly posted.  Yes  No

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

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>5 Female Residents 77 to 98 yrs of age Meds locked, Laundry locked. Did not observe Did not observe Emergency lights were functional. Fire extinguishers were good until August 2014.</i>
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 type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input 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	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Residents are well cared for. The facility was very clean.  No smokers  Did not observe</i>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12a. Where? <input 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 checked="" 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	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>3 special Diets / posted Non-perishable food for 5 days was <u>not</u> on hand.  Planned menu Dining Room unless incapacitated  Does not know</i>
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 type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input 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	

**Areas of Concern**

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

✓ non perishable Food Supply

**Exit Summary**

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