Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type: Adult Care Home / X Family Care Home / Combination Home / Nursing Home		Facility Name: Evergreen Living Home #1
Visit Date: 3.25.'15	Time Spent in Facility: 0 hr 15 min	Arrival Time: 1 : 00 am X pm	
Person Exit Interview was held with:		Interview was held	In-Person or Phone (Circle) in person
Kim Kwi Ja	X SIC (Supervisor in Charge	Other Staff: (Name & Title) ? Administrator	
Committee Members Present: Sally Foster, Jeri Hahner Judy Olevnik		Report Completed by: Jeri Hahner	

Number of Residents who received personal visits from committee members: 10+

Resident Rights Information is clearly visible. Need New one	X Y / N	Ombudsman contact information is correct and clearly posted. updated by Jeri Hahner ~~Ruth Price~~ on day of visit	X Yes / No
The most recent survey was readily accessible. *(Required for Nursing Homes Only)*	Y / N	Staffing information is posted.	X Yes / No

Resident Profile

	Yes	No	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	X		All Evergreen Homes Need Bill of RIGHTS
2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*	X		5 female Residents 3 Residents need some assistance
3. Did you see or hear residents being encouraged to participate in their care by staff members?			Did not observe
4. Were residents interacting w/ staff, other residents & visitors?	X		we talked (greeted) with only one resident.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?			Language is a problem. The residents are in an environment with their language, food, companions and culture. Very positive for them!
6. Did you observe restraints in use?		X	Did not observe
7. If so, did you ask staff about the facility's restraint policies?			

Resident Living Accommodations Observations

	Yes	No	Comments & Other
8.Did residents describe their living environment as homelike?	X		Very clean and pleasant environment

	Yes	No	
9. Did you notice unpleasant odors in commonly used areas?		X	Evacuation plan for the home was posted.
10. Did you see items that could cause harm or be hazardous?		X	Emergency lights were operable
11. Did residents feel their living areas were too noisy?		X	Fire extinguishers were current.
12. Does the facility accommodate smokers?		X	The homes are in the process of establishing a security system with "necklace" call buttons per resident.
12a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.			
13. Were residents able to reach their call bells with ease?			? We did not check all rooms for bed placement relative to call switch.
14. Did staff answer call bells in a timely & courteous manner?			
14a. If no, did you share this with the administrative staff?			Residence was neat and clean.

Resident Services	Yes	No	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	X		Laundry was locked. Medications were locked.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	X		
16a. Can residents access their monthly needs funds at their convenience?	X		Kitchens VERY well stocked!
17. Are residents asked their preferences about meal & snack choices?	X		Meals are Korean cuisine with lots of fresh produce.
17a. Are they given a choice about where they prefer to dine?			Dining room is preferred unless resident is unable to eat there.
18. Do residents have privacy in making and receiving phone calls?	X		
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	X		
20. Does the Facility have a Resident's Council?			Informal conversations.

Areas of Concern

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

- **~~Name tags are not used consistently by all staff~~ - ~~administrator was advised and will follow-up~~**
- **~~One resident voiced concern about clothing locker~~ - ~~administrator was aware and will follow-up~~**

Exit Summary

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

Security System installed is "Residential" type - It is being reevaluated and changed to Commercial level.

• ~~Advocate noted that individual attention given to "hair care" of an individual resident - very positive~~ • ~~Advocates commented that residents appear happy in their enviroment~~	

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.

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