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 #2

Visit Date	March 26, 2015	Time Spent in Facility	Ø hr 15 min	Arrival Time	1 : 23 am [X] pm

Person Exit Interview was held with:	Interview was held	In-Person or Phone (Circle) in person
Joung Park [X] SIC (Supervisor in Charge) [ ]	Other Staff: (Name & Title)	

Committee Members Present:	Report Completed by:
Sally Foster Jeri Hahner Judy Olevnik	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			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	[X] Yes	[ ] No	All Evergreen Homes need new 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] Yes	[ ] No	5 Female Residents 3 Residents need some help
3. Did you see or hear residents being encouraged to participate in their care by staff members?	[ ] Yes	[ ] No	No residents in the house. They were at worship.
4. Were residents interacting w/ staff, other residents & visitors?	[ ] Yes	[ ] No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	[ ] Yes	[ ] No	These Korean Residents could not be happier with an environment that supports their culture with food, TV and companionship in their own language.
6. Did you observe restraints in use?	[ ] Yes	[X] No	
7. If so, did you ask staff about the facility's restraint policies?	[ ] Yes	[ ] No	

Resident Living Accommodations Observations			Comments & Other
8.Did residents describe their living environment as homelike?	[X] Yes	[ ] No	Very clean and pleasant environment.

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

Evacuation plan was posted, Emergency lights worked, Fire extinguishers were current,

The homes are in the process of establishing a Security System with call buttons for residents, in the form of necklaces,

We did not check proximity of beds to call switch. Question if system that works is in place yet.

Resident Services

	Yes	No
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	X	
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	
17. Are residents asked their preferences about meal & snack choices?	X	
17a. Are they given a choice about where they prefer to dine?		
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?		

Comments & Other Observations

Laundry was locked, Medications were locked,

Kitchen was well stocked,

Meals are Korean cuisine with lots of fresh produce,

Dining room unless they are not able.

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~~ - ad~~ministrator was advised and will follow up~~**
- **~~One resident voiced concern about clothing locker~~ - ad~~ministrator 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 that is installed is "Residential" type. Evidently Commercial quality is required, This is being evaluated and in the process of Change.

• 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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