

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:				Facility Name:			
		Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	Evergreen Living # 3			
		Combination Home	<input type="checkbox"/>	Nursing Home				
Visit Date: March 26, 2015	Time Spent in Facility: 0 hr 15 min			Arrival Time: 1 : 35		am <input type="checkbox"/> pm <input checked="" type="checkbox"/>		

Person Exit Interview was held with: _____ **Interview was held:** **In-Person or Phone (Circle) in person**

<i>Lidia Ko</i>	<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: *Sally Foster Jeri Hahner Judy Olednik* **Report Completed by:** *Jeri Hahner*

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

Resident Rights Information is clearly visible. <i>Need New One</i>	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	Ombudsman contact information is correct and clearly posted. updated by <i>Jeri Hahner</i> Both on day of visit	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Staffing information is posted.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Profile

Comments & Other Observations

1. Do the residents appear neat, clean and odor free? Yes No
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 No
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No *Did not observe*
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
6. Did you observe restraints in use? Yes No
7. If so, did you ask staff about the facility's restraint policies? Yes No

All Evergreen Homes need new Bill of Rights

1 male 4 female residents (The male was cut walking on the hilly terrain)

2 residents have dementia

3 residents need help

** 1 female is bedridden.*

Resident Living Accommodations Observations

Comments & Other

8. Did residents describe their living environment as homelike? Yes No

Home is very clean and pleasant.

9. Did you notice unpleasant odors in commonly used areas?

Yes No

10. Did you see items that could cause harm or be hazardous?

Yes No

11. Did residents feel their living areas were too noisy?

Yes No

12. Does the facility accommodate smokers?

Yes No

12a. Where? Outside only Inside only Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

Yes No

14. Did staff answer call bells in a timely & courteous manner?

Yes No

14a. If no, did you share this with the administrative staff?

Yes No

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

We did not check if beds were placed conveniently to reach the switches or if operable.
A new system is currently being evaluated for installation.

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?

Yes No

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

Yes No

16a. Can residents access their monthly needs funds at their convenience?

Yes No

17. Are residents asked their preferences about meal & snack choices?

Yes No

17a. Are they given a choice about where they prefer to dine?

Yes No

18. Do residents have privacy in making and receiving phone calls?

Yes No

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

Yes No

20. Does the Facility have a Resident's Council?

Yes No

Laundry was locked,
Medications were locked,

Kitchen was well stocked with meat, non perishables and fresh produce.
Korean Cuisine is served to the residents.
Eat in Dining room unless they are unable.

Informal conversations

Areas of Concern

Exit Summary

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~~

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

New Security System is being evaluated.

It is a concern about the

capability of the bedridden resident being able to summon help. This needs looking into and a follow-up.

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| <ul style="list-style-type: none">• Advocate noted that individual attention given to "hair care" of an individual resident - very positive• Advocates commented that residents appear happy in their environment | |
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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.

DHHS DOA-022/2004