

Community Advisory Committee Quarterly/Annual Visitation Report

Cr: *Buncombe*

Visit Date <i>3/24/2015</i>	Facility Type:				Facility Name:			
	<input type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home			<i>Evergreen Living Home #11</i>			
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home							
	Time Spent in Facility <i>10</i>	hr	<i>10</i>	min	Arrival Time <i>2:55</i>	am	<input checked="" type="checkbox"/> P	
Person Exit Interview was held with:					Interview was held		In-Person or Phone (Circle) in person	

Adminstrator	<input checked="" type="checkbox"/> SIC (Supervisor in Charge) <i>Kyring J. Lee</i>	Other Staff: (Name & Title)
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Committee Members Present: <i>Judy Olewnik, Jeri Hahner, Sally Foster</i>	Report Completed by: <i>Judy Olewnik</i>
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Number of Residents who received personal visits from committee members: *none due to language barrier*

Resident Rights Information are clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Poster out of date Hand wrote in Julia's name</i>
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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
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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>Home has 4 residents; 1 male, 3 female</i> <i>1 resident needs bathing assistance did not observe</i> <i>Med cart was unlocked when we arrived, but quickly locked again by SIC</i>
2. Did residents say they receive assistance with personal care at _____s, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input 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 checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	<i>Could not talk to residents due to language barrier.</i> <i>Home is neat and clean. Residents appear to be well cared for and seemed happy.</i> <i>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? 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

There was an activity listed on the calendar for every day of the month.

Meals are all planned

Residents dine together

Kitchen was well stocked

Do not know

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?

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

Instructions For Completing Community Advisory Committee Quarterly / Annual Visit Worksheet

1. County: List the county in which the facility is located
2. Date: Self-explanatory
3. Facility: List the name of the facility and the type of facility (i.e. nursing, adult care, or combination home)
4. Committee member present: List the names of members who participated in the official quarterly (or annual) visit.
5. Committee met with: Explained on form
6. Report completed by: Include name(s)
7. Overview of residents' status: Explained on form
8. Physical environment: Explained on form
9. Services / Activities / Volunteer involvement: Explained on form
10. State needs: Explained on form
11. Problems: Explained on form
12. Summary of Administrator's or SIC's comments: Self-explanatory
13. Copies: Submit the original copy to the Regional Ombudsman