

Community Advisory Committee Quarterly Annual Visitation Report

County Buncombe		Facility Type - <input checked="" type="checkbox"/> Family Care Home		Facility Name: Evergreen # 12	
		<input type="checkbox"/> Adult Care Home		<input type="checkbox"/> Nursing Home	
		<input type="checkbox"/> Combination Home			
Visit Date 3/24/2015	Time Spent in Facility <input checked="" type="checkbox"/> hr 15 min		Arrival Time 2:45 am		
Name of Person Exit Interview was held with (Muncha Corbett)			Interview was held <input checked="" type="checkbox"/> In-Person		
Phone	Admn.	<input checked="" type="checkbox"/> SIC (Supervisor in Charge)		Other staff	
Rep (Muncha Corbett) (Name & Title)					

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

Number of Residents who received personal visits from committee members: **1 person**

Resident Rights Information is clearly visible. Yes No **Needs update**

The most recent survey was readily accessible. Yes No

(Required for Nursing Homes Only)

Ombudsman contact information is correct and clearly posted. Yes No

Staffing information is posted. Yes No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <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 checked="" type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	
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 type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? N/A <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? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1) The Present "Security Alarm System" will be updated to to a "Camera System" which is more advanced type than the one being used now.</p> <p>2) Lisa at Department of Social Services advised of this today with phone call.</p>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do residents have privacy in making and receiving phone calls? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the Facility have a Resident's Council? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	