

Community Advisory Committee Quarterly/Annual Visitation Report

Cr: Buncombe

Facility Type: <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home		Facility Name: <u>Evergreen Living Home #13</u>			
Visit Date: <u>3/26/2015</u>	Time Spent in Facility: hr: <u>25</u> min: <u>20</u>		Arrival Time: <u>2:20</u> am <input checked="" type="checkbox"/> pm		
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) <u>Shanyue Jin</u>	Other Staff: (Name & Title)
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Committee Members Present: <u>Judy Olevnik, Jeri Hakner, Sally Foster</u>	Report Completed by: <u>Judy Olevnik</u>
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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 checked="" type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Hand wrote in Julia's name

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<p><i>Home has 5 residents; 2 male, 3 female</i></p> <p><i>Male resident in room #1, is bedridden; Hospice visits 3/week</i></p> <p><i>did not observe</i></p> <p><i>Kitchen was well stocked</i></p>
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike?	<p><i>Could not talk to residents due to language barrier</i></p> <p><i>Home is very neat and clean.</i></p> <p><i>Residents appear to be well cared for and happy in their environment</i></p> <p><i>Call bells not working please see reverse side</i></p>
9. Did you notice unpleasant odors in commonly used areas?	
10. Did you see items that could cause harm or be hazardous?	
11. Did residents feel their living areas were too noisy?	
12. Does the facility accommodate smokers?	
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?	
14. Did staff answer call bells in a timely & courteous manner?	
14a. If no, did you share this with the administrative staff?	

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

Many activities listed on the calendar

Meals are all planned
Residents dine together unless incapacitated

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?

Bedridden resident could not reach call bell. The SIC moved bed closer but still hard to reach. Then we discovered that the alarm in the SK's room rings but not very loud.

After visit I called Lisa Catron to report the problem.

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

Apparently there is a new security system planned for all the homes which will allow residents to wear a call button around their necks for easier access. We will check this out during next 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