

Community Advisory Committee Quarterly /Annual Visitation Report

County: Buncombe	Facility Type:				Facility Name						
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home			EVERGREEN #3 Ages 56-91 6/6 Residents (2-Hospice)						
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home										
Visit Date Jan 2017	Time Spent in Facility	0	H r	25	min	Arrival Time	11	:	40	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm

Person Exit Interview was held with: <i>w/ SIC - did not get her name</i>	Interview was held	<input checked="" type="checkbox"/> In-Person or xxx circle)
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SIC(Supervisor in Charge) <i>DID NOT GET HER NAME</i>	Other Staff: (Name & Title) <i>1 other female staff & Lady Cleaning (3 total)</i>
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Committee Members Present: <i>SHARON White, Marsha, Spike</i>	Report Completed by: <i>SHARON White</i>
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Number of Residents who received personal visits from committee members: *2-*

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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The most recent survey was readily accessible. (Required for Nursing Homes Only)	<i>NA</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N	Staffing information is posted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Resident Profile

Comments & Other Observation

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
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? *NA*

All looked well TAKEN CARE FOR 2 under Hospice CARE.

EACH OTH while eating. 1 in living rm interacted w/us

Resident Living Accommodations

Comments & Other Observations

8. Did residents describe their living environment as homelike?	<input type="checkbox"/>	Yes	<input 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 type="checkbox"/>	No
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

unable to Ask or Understand Residents (Korean)
 Facility very clean looking w/ no unpleasant smells
 TV WAS ON IN Living Rm but Low
 No Smell of smoke indoors or out. But did not Ask SIC (language barrier)
 did not occur while we were there

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices? Are they given a choice about where they prefer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

due to language barrier mostly observations were how most of these questions were "answered"
 - All Residents were eating their food w/ facial expressions of being content.
 - When some questions were asked of the SIC, unsure she understood the question(re) when asked about a Handicap Bathroom she smiled, nodded & pointed out All their Bathrooms. (Handicap facilities were found by us)

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p><i>THE cleaning room was unlocked & the staff member (cleaning lady) was a short distance from there. Reminded her about the Room Remaining locked when unoccupied.</i></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p>

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.