

Community Advisory Committee Quarterly/Annual Visitation Report

#10

County Currituck	Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Evergreen Building #296
Visit Date 4/24/18	Time Spent in Facility hr 25 min	Arrival Time 12:30 Jam 1pm
Name of Person Exit Interview was held with <input type="checkbox"/> Other Staff Rep Shan Yue Jin (Name & Title)		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn <input checked="" type="checkbox"/> SIC (Supervisor in Charge)
Committee Members Present: Marsha Saffan, Sharon White, Kim Mallicot		Report Completed by: Kim Mallicot
Number of Residents who received personal visits from committee members:		
Resident Rights Information is clearly visible <input type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted <input type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>		Staffing information is posted <input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile

- Do the residents appear neat, clean and odor free? Yes No
- 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
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
- Were residents interacting w/ staff, other residents & visitors? Yes No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
- Did you observe restraints in use? Yes No
- If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

Everything was ok.

Resident Living Accommodations

- Did residents describe their living environment as homelike? Yes No
- Did you notice unpleasant odors in commonly used areas? Yes No
- Did you see items that could cause harm or be hazardous? Yes No
- Did residents feel their living areas were too noisy? Yes No
- Does the facility accommodate smokers? Yes No
- Where? Outside only Inside only Both Inside & Outside.
- Were residents able to reach their call bells with ease? Yes No
- Did staff answer call bells in a timely & courteous manner? Yes No
- If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

Everything was ok.

Resident Services

- Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
- Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- Can residents access their monthly needs funds at their convenience? Yes No
- Are residents asked their preferences about meal & snack choices? Yes No
- Are they given a choice about where they prefer to dine? Yes No
- Do residents have privacy in making and receiving phone calls? Yes No
- Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- Does the facility have a Resident's Council? Yes No
Family Council? Yes No

Comments & Other Observations

Everything was ok.

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Residents - Males 60 ages 82-90

Exit Summary

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

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.