

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 #10					
		<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home	(574-100) 4 MAle 4/6					
Visit Date	MAY 8 2017	Time Spent in Facility	0	H	20	min	Arrival Time	12 : 40	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm

Person Exit Interview was held with: (Interpreter, KIM, with us)
SHAW YUE TIN

Interview was held In-Person or circle

SHAW YUE TIN

SIC(Supervisor in Charge)

Other Staff: (Name & Title)

Committee Members Present:
MARSHA S. & SHARON W.

Report Completed by:
SHARON W.

Number of Residents who received personal visits from committee members: 3

Resident Rights Information is clearly visible. Y N

Ombudsman contact information is correct and clearly posted. Yes No
NEW form posted

The most recent survey was readily accessible. (Required for Nursing Homes Only) NA Y N

Staffing information is posted. Yes No

Resident Profile	Comments & Other Observation
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	As needed Cheerful & Talking And Interpreter w/us
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 checked="" 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? NA <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations				Comments & Other Observations	
8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>"HOME" VERY COMFORTABLE SETTING. WINDOWS OPEN, FRESH COUNTRY SMELL. Residents interacting, smiling, laughing</p> <p>NO 1 SMOKED</p> <p>"CALL BELLS" WEREN'T THERE BUT DOOR ALARMS IN USE</p> <p>NOT OBSERVED</p>
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 type="checkbox"/>	No	
Where? [] Outside only <input checked="" type="checkbox"/> Inside only [] Both Inside and Outside.					
13. Were residents able to reach their call bells with ease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>NOT OBSERVED</p>
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	
	<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?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>SIC SAID they mostly just tel them their needs & its gotten for them</p> <p>1 special diet - diabetic</p> <p>They're very pleased w/meal & snack choices</p> <p>CHURCH + some family members visit + BRING FOOD FOR ALL</p> <p>UNSURE</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	
Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
17. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Are they given a choice about where they prefer	<input checked="" 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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

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 style="text-align: center;"><i>NO</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.