

### Community Advisory Committee Quarterly /Annual Visitation Report

|  |               |   |   |        |                             |     |                     |                           |    |  |
|--|---------------|---|---|--------|-----------------------------|-----|---------------------|---------------------------|----|--|
| <b>County:</b><br>Buncombe                                   |               | <b>Facility Type:</b>                               |   |        | <b>Facility Name</b>        |     |                     |                           |    |  |
|  |               | <input checked="" type="checkbox"/> Adult Care Home |   |        | EVERGREEN                   |     |                     |                           |    |  |
|  |               | <input type="checkbox"/> Combination Home           |   |        | 5/6 # 12 men                |     |                     |                           |    |  |
| <b>Visit Date</b>  | MAY 8<br>2017 | <b>Time Spent in Facility</b>                       | 0 | H<br>r | 10                          | min | <b>Arrival Time</b> | 12 : 30                   | am | <input checked="" type="radio"/> pm                          |
| <b>Person Exit Interview was held with:</b><br>JONG SOOK LEE |               |   |   |        | * INTERpreter, KIM, with US |     |                     | <b>Interview was held</b> |    | <input checked="" type="checkbox"/> In-Person or xxx circle) |

|                      |                                  |  |
|----------------------|----------------------------------|--|
| <b>Jong SOOK Lee</b> | <b>SIC(Supervisor in Charge)</b> | <b>Other Staff: (Name &amp; Title)</b> |
|----------------------|----------------------------------|--|

|   |  |
|---|--|
| <b>Committee Members Present:</b><br>MARSHA SAFIOW + SHARON WHITE | <b>Report Completed by:</b><br>SHARON W. |
|---|--|

|  |  |   |   |
|--|--|---|---|
| <b>Number of Residents who received personal visits from committee members:</b> 3+ 2 From Another Home |  |   |   |
| <b>Resident Rights Information is clearly visible.</b>   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <b>Ombudsman contact information is correct and clearly posted.</b> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>                | <input type="checkbox"/> Y <input type="checkbox"/> N            | <b>Staffing information is posted.</b>                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| Resident Profile   | Comments & Other Observation   |
|--|--|
| 1. Do the residents appear neat, clean and odor free?  | <p>When needed</p> <p>cheerful + talking</p> <p>And interpreter plus</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?<br>NAK  |  |

| Resident Living Accommodations  |                                     |     |                                     | Comments & Other Observations |   |
|---|-------------------------------------|-----|-------------------------------------|-------------------------------|---|
| 8. Did residents describe their living environment as homelike?   | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No                            | All Were Very Comfortable in their 'home' |
| 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? <i>N/A</i>   | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No                            |   |
| Where? [ ] Outside only [ ] 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                            | door ALARMS; NO Room ALARMS               |
| 14. Did staff answer call bells in a timely & courteous manner?<br>If no, did you share this with the administrative staff? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No                            | All Residents were in Living Rm & outdoor |
|   | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No                            | NOT observed                              |

| 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                            | SIC said they let them know their needs & it's gotten for them<br><br>2 special diet: soft & no salt<br><br>They're very pleased with their meals<br><br>church<br><br>UNSURE |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br>Can residents access their monthly needs funds at their convenience? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No                            |   |
|   | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No                            |   |
| 17. Are residents asked their preferences about meal & snack choices?<br>Are they given a choice about where they prefer  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No                            |   |
|   | <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                            |   |
|   | <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                            |   |
|   | <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;">NO</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.