# Community Advisory Committee Quarterly/Annual Visitation Report

**County**: Buncombe  
**Facility Type**: - [ ] Family Care Home  
[ ] Adult Care Home  
[ ] Nursing Home  
[ ] Combination Home  
**Facility Name**: Evergreen 351

**Visit Date**: 12/18  
**Time Spent in Facility**: 2:00 min  
**Arrival Time**: 1:20  
**Interview was held**: [ ] In-Person  
[ ] Phone  
[ ] Admin.  
[ ] SIC (Supervisor in Charge)

**Other Staff Rep**:  
(Name & Title)

**Committee Members Present**:  
Kim  
Billy  
Saban  
Marsha  
Safi  
Marcia

**Number of Residents who received personal visits from committee members**: 2

**Resident Rights Information is clearly visible**: [ ] Yes  
[ ] No  
(Required for Nursing Homes Only)

**The most recent survey was readily accessible**: [ ] Yes  
[ ] No

**Ombudsman contact information is correct and clearly posted**: [ ] Yes  
[ ] No

**Staffing information is posted**: [ ] Yes  
[ ] No

## Resident Profile

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?** [ ] Yes  
[ ] No

## Resident Living Accommodations

8. **Did residents describe their living environment as homelike?** [ ] Yes  
[ ] No
9. **Did you notice unpleasant odors in commonly used areas?** [ ] Yes  
[ ] No
10. **Did you see items that could cause harm or be hazardous?** [ ] Yes  
[ ] No
11. **Did residents feel their living areas were too noisy?** [ ] Yes  
[ ] No
12. **Does the facility accommodate smokers?** [ ] Yes  
[ ] No
12a. **Where?** [ ] Outside only  
[ ] Inside only  
[ ] Both inside & outside
13. **Were residents able to reach their call bells with ease?** [ ] Yes  
[ ] No
14. **Did staff answer call bells in a timely & courteous manner?** [ ] Yes  
[ ] No  
**NOT OBSERVED**
14a. **If no, did you share this with the administrative staff?** [ ] Yes  
[ ] No

## Resident Services

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  
**SPECIAL NOTE**
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  
**NOT OBSERVED**
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  
**Family Council?** [ ] Yes  
[ ] No

### Areas of Concern

- [ ] Are there resident issues or topics that need follow-up or review at a later time or during the next visit?
  
  - [ ] Law  
  - [ ] Health  
  - [ ] Nutrition  
  - [ ] Call Interfer- 80-100

### 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.