

Community Advisory Committee Quarterly/Annual Visitation Report

| | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------|----------|-------------------------------------|------------------------------------------------------|----------------------------------------|-----------------------------|-----|------------------------------------------------|-----------------------------|--------------------------------------|-------------------------------------|---|---|---|----|---|---|
| County: Buncombe | | Facility Type: | | | Fairview Building #3 | | | | | | | | | | | |
| | | x Adult Care Home | <input checked="" type="checkbox"/> Family Care Home | | | | | | | | | | | | | |
| | | Combination Home | Nursing Home | | | | | | | | | | | | | |
| Visit Date 10/5/17 | Fairview | Time Spent in Facility | 0 | hr | 10 | min | Arrival & Departure Times | 12 | : | 57 | - | 1 | : | 07 | P | M |
| Person Exit Interview was held with: Paula Jarvis | | | | | | | Interview was held | | (In-Person) or Phone (Circle) | | | | | | | |
| | | SIC (Supervisor in Charge) | | Other Staff: (Name & Title) | | | | | | | | | | | | |
| Committee Members Present: Paula Garber, Susan Stuart, and Bennett Lincoff | | | | | | | Report Completed by: Bennett Lincoff | | | | | | | | | |
| Number of Residents who received personal visits from committee members: 2 | | | | | | | | | | | | | | | | |
| | | <input checked="" type="checkbox"/> | | | | | | | | <input checked="" type="checkbox"/> | | | | | | |
| | | | | | | | | | | | | | | | | |
| Resident Profile | | | | | | | | Comments & Other | | | | | | | | |
| Observations | | | | | | | | | | | | | | | | |
| 1. Do the residents appear neat, clean and odor free? | | | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

Commented [1]:

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 | |
|-------------------------------------|-----|--------------------------|----|--|

4. Were residents interacting w/ staff, other residents & visitors?

| | | | | |
|-------------------------------------|-----|-------------------------------------|----|--|
| | Yes | <input checked="" type="checkbox"/> | No | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | |

6. Did you observe restraints in use?

| | | | | |
|-------------------------------------|-----|-------------------------------------|----|--|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |

7. If so, did you ask staff about the facility's restraint policies?

Resident Living Accommodations Observations

Comments & Other

Did residents describe their living environment as home-like?

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 and 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

Resident Services

Comments & Other Observations

Yes No

Yes No

Yes No

lack choices?

Are they given a choice about where they prefer to dine?

Does the Facility have a Resident's Council?

| | | | |
|-------------------------------------|-----|-------------------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

[Faint, illegible handwritten notes or signatures]

| 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>There was an odor of unknown origin, that may have arisen from a clogged kitchen sink, but which pervaded the facility. The facility was generally neat and clean, except for the bathrooms, where the mirrors were smeared and the toilets and sinks needed to be more thoroughly scrubbed. According to Paula Garber, who has visited the facility previously, the living room furniture (sofas, chairs, side tables and coffee table) was all new. One resident who I spoke with said he found the facility suitable in every way important to him. I also viewed this resident's private room, which was comfortably furnished and clean.</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.