

Community Advisory Committee Quarterly/Annual Visitation Report

County Buncombe	Facility Type: <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Fairview Family Care #4
Visit date 11.1.18	Time Spent in Facility Hr. 30 Min	Arrival Time 10:50 Am PM
Name of person Exit Interview was held with <u>Shoney Franklin</u> (Name & Title) Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: Bennett Lincoff, John Bernhardt		Report completed by: Bennett Lincoff
Number of Residents who received personal visits from committee members: 3		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input checked="" 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	Comments and Other Observations	
<ol style="list-style-type: none"> 1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. Did residents say they receive assistance with personal care activities, ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <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? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p>Fairview #4 currently has 5 residents; we spoke with 3 of them. The residents said that the food was good and of sufficient quantity. The common rooms were neat and clean. The resident rooms that we saw were also neat and clean. Residents spoke highly of Ms. Franklin, the SIC, and complemented her on her care giving over all, including cleaning, cooking, and laundry.</p> <p>One resident expressed unhappiness at not being able to see well. She said that she needed a new pair of glasses with a prescription for distance vision; the only glasses she has are for reading. She said she had heard that the Lion's Club might provide her with free eye wear, but though she said she had raised this with Ms. Franklin, nothing had been done. I asked if she wanted to speak with Ms. Franklin about it in my presence. She enthusiastically accepted the offer.</p>	

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Resident Living Accommodations	Comments and Other Observations
<p>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>John Bernhardt and I accompanied the resident to the living room where Ms. Franklin was tidying up. We had a discussion in which Ms. Franklin showed concern for the resident's need; though she said that on multiple occasions appointments had been made for this resident with eye doctors, dentists and other health care providers and that the resident had refused to go. Nonetheless, Ms. Franklin said she would take the matter up with her parents, Robert and Shirley Creech, owners of Fairview, who are in charge of making appointments and coordinating transportation.</p> <p>Within a half hour of leaving the facility, I received a telephone call from Mr. Creech. He and I had a cordial conversation during which I said I would research the Lion's Club and report back to him on whether it may be able to help the resident in question. For his part, Mr.</p>
Residential Services	Comments and Other Observations
<p>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> <p>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Creech said that he would follow through on whatever actionable information I provided to him.</p> <p>Mr. Creech and I also discussed the recent citation for a fire alarm deficiency in the apartment that is beneath Fairview #4. He told me that his two grandsons, Jeremiah and Robby, live in the apartment; and that Robby sometimes fills in when the SIC in any of the four Fairview buildings is off premises. Mr. Creech also said that an electrician had properly wired the fire alarm in the apartment to correct the deficiency disclosed in the citation.</p>

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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>Discuss items from "<i>Areas of Concern</i>" Section as well as any changes observed during the visit.</p>

