Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:		Fairview 1	
		Adult Care Home	x Family Care Home		
		Combination Home	Nursing Home		
Visit Date: 6/8/2018	Fairview 1	Time Spent in Facility minutes	h min	10:08 : x am pm	
Person Exi	t Interview was i	neld with:		Interview was held (xIn-Person) or Phone (Circle)	
Paula Barnes SIC (Supervisor in Charge) Other S			Other Staff: (Name	& Title)	
	Members Prese Paula Garber, C			Report Completed by: Don Streb	
lumber of l	Residents who r	eceived personal visits	from committee memb	pers:	
Resident Rights Information is x Y N Ombudsman co				act information is x Yes No	
The most recent survey was readily X Y N accessible. (Required for Nursing Homes Only) Staffing info				x Yes No	
Observation	Resident Profi ns	le		Comments & Other	
. Do the re free?	esidents appear r	eat, clean and odor	Yes No	Commented [1]:	
. Did resid	dents say they red	eive assistance with			

Resident Living Accommodat Observations	ions				Comments & Other
id residents describe their living environment as omelike?	х	Yes		No	
id you notice unpleasant odors in commonly used reas?		Yes	X	No	
id you see items that could cause harm or be azardous?		Yes	X	No	
id residents feel their living areas were too noisy?		Yes	x	No	
oes the facility accommodate smokers?	x	Yes		No	
e? [x] Outside only [] Inside only [] Both Ins	ide a	i and Ou	itsid	! e.	
/ere residents able to reach their call bells with ase?	X	Yes		No	
id staff answer call bells in a timely & courteous nanner?	x	Yes		No	
no, did you share this with the administrative staff?		Yes		No	
Resident Services					Comments & Other Observations
/ere residents asked their preferences or opinions bout the activities planned for them at the facility?	x	Yes		No	
o residents have the opportunity to purchase ersonal items of their choice using their monthly eeds funds?		Yes		No	
Can residents access their monthly needs funds at their convenience?		Yes		No	
re residents asked their preferences about meal &					

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
Activity Calendar is May's	
Menus follow the State menu's but from the looks of them they are the originals. No sign of fresh fruit.	
Down 2 residents	
One room didn't have any bed linens but the room is occupied.	
Not very clean. Personal quarters could be viewed and disaster is not adequate to describe it	

This Document is a PUBLIC RECORD. <u>Do not</u> identify any Resident(s) by name or inference on this form.

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