

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:		Fairview 2							
		Adult Care Home	x	Family Care Home							
		Combination Home		Nursing Home							
Visit Date: 6/8/2018:		Time Spent in Facility minutes	h	min	10	10:35	:			<input checked="" type="checkbox"/> am	pm
Person Exit Interview was held with: Teresa Allen					Interview was held		(xIn-Person) or Phone (Circle)				
Teresa Allen		SIC (Supervisor in Charge)		Other Staff: (Name & Title)							
Committee Members Present: Don Streb, Paula Garber, Cathy Keckeley					Report Completed by: Don Streb						
Number of Residents who received personal visits from committee members:											
Resident Rights Information is clearly visible.			<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted.			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
The most recent survey was readily accessible. (Required for Nursing Homes Only)			<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Staffing information is posted.			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Resident Profile						Comments & Other					
Observations											
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											

Commented [1]: _____

Resident Living Accommodations Observations

Comments & Other

Did residents describe their living environment as homelike?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Did you notice unpleasant odors in commonly used areas?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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Did you see items that could cause harm or be hazardous?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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Did residents feel their living areas were too noisy?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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Does the facility accommodate smokers?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Where? Outside only Inside only Both inside and Outside.

Were residents able to reach their call bells with ease?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Did staff answer call bells in a timely & courteous manner?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If no, did you share this with the administrative staff?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Resident Services

Comments & Other Observations

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
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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
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Can residents access their monthly needs funds at their convenience?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Were residents asked their preferences about meal &

