

### Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:		<b>Flesher's Fairview Assisted Living</b>									
		Adult Care Home	<input checked="" type="checkbox"/>					Family Care Home					
Visit Date: 6/8/2018		Time Spent in Facility minutes		h	min	9:30	:			<input checked="" type="checkbox"/>	am		pm
				r	30								
Person Exit Interview was held with:						Interview was held		(xIn-Person) or Phone (Circle)					
Cathy Merrill not here on Date of visit		SIC (Supervisor in Charge)		Other Staff: (Name & Title)		Laura Ledwell							
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
Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Does the facility accommodate smokers?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.				
Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**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
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
Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Were residents asked their preferences about meal & beverage service?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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>State Rating is from 2016; Down 2 residents; Down 1CNA</p> <p>Every thing looks good</p> <p>Two residents over 100 years of age</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.