

Community Advisory Committee Quarterly/Annual Visitation Report



County		☐ Family Care Home	Facility Name		
Buncombe		ome 🗵 Nursing Home	Flesher's Fairview		
	☐ Combination	Home			
Visit date	Time Spent in Fa	acility	Arrival Time		
12/5/2018		0 Min	11:35 Am PM		
Name of person Exit Interview was held with Cheri Mitchell, Administrator (Name & Title)					
Interview was held ☑ In-Person ☐ Phone ☑ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep					
Committee Members Present	t:		Report completed by:		
Lauri Hollingsworth, Susan Schiemer			Susan Schiemer		
Number of Residents who red	eived personal vi	sits from committee me	mbers: 5		
Resident Rights Information is	s clearly visible.	Ombudsman contact	information is correct and clearly		
☑ Yes ☐ No		posted. 🛛 Yes	•		
The most recent survey was readily accessible.		Staffing information is po			
✓ Yes □ No		▼ Yes	□ No		
(Required for Nursing Homes Resident Prof		C	10:1		
Resident Prof	ile	Comments a	and Other Observations		
1. Do the residents appear neat, clean and		Staffing hours available at front desk were for the day before (12/4)			
				odor free? ☐ Yes ☒ No	
2. Did residents say they receive assistance with personal care activities, ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? ☐ Yes ☐ No		#2 not observed this visit			
				3. Did you see or hear reside	ents haina
		_	_	#3 Staff in dinning room were talking with each	
encouraged to participate in their care by staff members? ☐ Yes ☒ No		other rather than interacting with residents			
4. Were residents interacting		waiting for lunch			
residents & visitors? ⊠ Yes □ No		3			
5. Did staff respond to or interact with					
residents who had difficulty					
·		#5 not observed thi	s visit		
known verbally?			3 11312		
6. Did you observe restraints					
☐ Yes ☒ No					
7. If so, did you ask staff abo	out the facility's				
restraint policies? ☐ Yes ☐ No					
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Resident Living Accommodations	Comments and Other Observations
 8. Did residents describe their living environment as homelike? ☑ Yes ☐ No 9. Did you notice unpleasant odors in commonly used areas? ☑ Yes ☐ No 	# 8 This community has primarily long-term residents; few short term. Rooms are filled with personal items
10. Did you see items that could cause harm or be hazardous? ☑ Yes ☐ No 11. Did residents feel their living areas were too noisy? ☑ Yes ☐ No 12. Does the facility accommodate smokers? ☑ Yes ☐ No 12a. Where? ☑ Outside only ☐ Inside only ☐ Both Inside &	#11 one resident said that they ate in their room because the dinning room was noisy.
Outside. 13. Were residents able to reach their call bells with ease? ☑ Yes ☐ No 14. Did staff answer call bells in a timely & courteous manner? ☐ Yes ☒ No 14a. If no, did you share this with the administrative staff? ☒ Yes ☐ No	#14 observed staffing "going through the motions" to get job done, not engaging with residents
Residential Services	Comments and Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☐ Yes ☐ No 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☐ Yes ☐ No 16a. Can residents access their monthly needs funds at their convenience? ☐ Yes ☐ No 17. Are residents asked their preferences about meal & snack choices? ☐ Yes ☐ No 17a. Are they given a choice about where they prefer to dine? ☐ Yes ☐ No 18. Do residents have privacy in making and receiving phone calls? ☐ Yes ☐ No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? ☐ Yes ☐ No	#15 not observed this visit #17 observed one staff member returning to the kitchen, to find out about alternative meal, after resident stated they did not care for what was served

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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.
staff engagement with residents	