

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Flesher's Assisted Living					
		<input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Combination Home		<input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home							
Visit Date: 8/7/2018		Time Spent in Facility 35 minutes		h	min	:	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm			
Person Exit Interview held with: Lisa Gasperson						Interview was held		(xIn-Person) or Phone (Circle)			
		SIC (Supervisor in Charge) Lisa Gasperson		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: 2											
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		Cleaning supply room door not closed or locked.					

2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Two employees took med tech tests and two more employees are taking alternative test
Capacity is 27 will be full the week of August. 12

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
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First time ever we had a complaint on the food. Very rare that residents get fresh fruits and if they do it is only bananas.

4. Were residents interacting w/ staff, other residents & visitors?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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
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6. Did you observe restraints in use?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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7. If so, did you ask staff about the facility's restraint policies?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Commented [1]:

Resident Living Accommodations Observations	Comments & Other
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8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
12. 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.					
13. Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
14. 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
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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	
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	
Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	

17. Are residents asked their preferences about meal & snack choices?	x	Yes		No	
Are they given a choice about where they prefer to dine?	x	Yes		No	
18. Do residents have privacy in making and receiving phone calls?					
	x	Yes		No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?					
	x	Yes		No	
20. Does the Facility have a Resident's Council?	x	Yes		No	

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.

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