

## Community Advisory Committee Quarterly/Annual Visitation Report

|   |                 |   |  |  |     |                          |    |   |    |                                       |   |                                     |     |                                     |     |                          |    |
|---|-----------------|---|--|--|-----|--------------------------|----|---|----|---------------------------------------|---|-------------------------------------|-----|-------------------------------------|-----|--------------------------|----|
| <b>County:</b><br>Buncombe  |                 | <b>Facility Type:</b>                   |  |  |     | <b>Fairview 1</b>        |    |   |    |                                       |   |                                     |     |                                     |     |                          |    |
|   |                 | Adult Care Home                         |  | Family Care Home                       |     |                          |    |   |    |                                       |   |                                     |     |                                     |     |                          |    |
|   |                 | Combination Home                        |  | Nursing Home                           |     |                          |    |   |    |                                       |   |                                     |     |                                     |     |                          |    |
| <b>Visit Date</b><br>01/16/17   | Fairview  <br>1 | <b>Time Spent in Facility</b> minute 30 |  | h                                      | r   | min                      | 30 | :   | 10 | :                                     | 0 | <input checked="" type="checkbox"/> | am  | pm                                  |     |                          |    |
| <b>Person Exit Interview was held with:</b> Shirley Creech  |                 |   |  |  |     |                          |    | <b>Interview was held</b>   |    | <b>(xIn-Person) or Phone (Circle)</b> |   |                                     |     |                                     |     |                          |    |
| Shirley Creech  |                 | <b>SIC (Supervisor in Charge)</b>       |  | <b>Other Staff: (Name &amp; Title)</b> |     |                          |    |   |    |                                       |   |                                     |     |                                     |     |                          |    |
| <b>Committee Members Present:</b><br>Don Streb, Paula Garber  |                 |   |  |  |     |                          |    | <b>Report Completed by:</b><br>Don Streb                            |    |                                       |   |                                     |     |                                     |     |                          |    |
| <b>Number of Residents who received personal visits from committee members:</b>   |                 |   |  |  |     |                          |    |   |    |                                       |   |                                     |     |                                     |     |                          |    |
| <b>Resident Rights Information is clearly visible.</b>  |                 |   |  | <input checked="" type="checkbox"/>    | Y   | <input type="checkbox"/> | N  | <b>Ombudsman contact information is correct and clearly posted.</b> |    |                                       |   | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No  |                          |    |
| <b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>   |                 |   |  | <input checked="" type="checkbox"/>    | Y   | <input type="checkbox"/> | N  | <b>Staffing information is posted.</b>                              |    |                                       |   |                                     |     | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <b>Resident Profile</b>   |                 |   |  |  |     |                          |    | <b>Comments &amp; Other</b>   |    |                                       |   |                                     |     |                                     |     |                          |    |
| <b>Observations</b>   |                 |   |  |  |     |                          |    |   |    |                                       |   |                                     |     |                                     |     |                          |    |
| 1. Do the residents appear neat, clean and odor free?   |                 |   |  | x                                      | Yes | <input type="checkbox"/> | No |   |    |                                       |   |                                     |     |                                     |     |                          |    |
| 2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> |                 |   |  | x                                      | Yes | <input type="checkbox"/> | No |   |    |                                       |   |                                     |     |                                     |     |                          |    |
| 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 |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No |
| <hr/>                               |     |                                     |    |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No |
| <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No |

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

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?

6. Did you observe restraints in use?

7. If so, did you ask staff about the facility's restraint policies?

**Resident Living Accommodations Observations**

**Comments & Other**

|  |                                     |     |                                     |    |
|--|-------------------------------------|-----|-------------------------------------|----|
| Do residents describe their living environment as home-like? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No |
| Do you notice unpleasant odors in commonly used areas?       | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| Do you see items that could cause harm or be hazardous?      | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| Do 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?  Outside only  Inside only  Both Inside and Outside.

|  |                                     |     |                                     |    |
|--|-------------------------------------|-----|-------------------------------------|----|
| Are residents able to reach their call bells with ease?    | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| Do staff answer call bells in a timely & courteous manner? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No |
| Yes, 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 & snack choices?  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

|  |                                     |     |                          |    |  |
|--|-------------------------------------|-----|--------------------------|----|--|
| Are they given a choice about where they prefer to dine?                                     | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |  |
| residents have privacy in making and receiving phone calls?                                  |                                     |     |                          |    |  |
|  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |  |
| Is there evidence of community involvement from either civic, volunteer or religious groups? |                                     |     |                          |    |  |
|  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |  |
| Does the Facility have a Resident's Council?   | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | 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?

Area around sink needs grouting. Floor in hallway and bedrooms need a thorough cleaning, really filthy

5 residents as 1 resident pays extra to have the room to himself

One resident said she had to pay to be taken to Walmart, it cost her \$10.00 for gas. The same resident said she had to clean other residents rooms and that she felt there was prejudices.

Discuss items from "Areas of Concern" Section as 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.