

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Fairview 3								
		Adult Care Home		Family Care Home										
		Combination Home		Nursing Home										
Visit Date 01/16/17	Fairview 1 3	Time Spent in Facility 15 Minutes		h	15	min	9:35	:		x	am	pm		
Person Exit Interview was held with: Paula Jarvis							Interview was held		(xIn-Person) or Phone (Circle)					
Paula Jarvis		SIC (Supervisor in Charge)		Other Staff: (Name & Title)										
Committee Members Present: Don Streb, Paula Garber							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 personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>				<input checked="" type="checkbox"/> 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
<input type="checkbox"/>			
<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?

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Resident Living Accommodations Observations

Comments & Other

Do residents describe their living environment as homelike?	<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
So, 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?

No hallway lights if a resident gets up a safety factor. Carpets in rooms are filthy, beyond cleaning. Bathroom around shower appears rusted

One resident leaving on March 10

Has 5 out of 6 spots.

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.