

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Type Fairview 4										
		<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home											
			Combination Home		Nursing Home											
Visit Date 01/16/2017	Time Spent in Facility 10 minutes	h	r	M	10	Arrival Time 10:30	:			<input checked="" type="checkbox"/>	am	pm				
Person Exit Interview was held with Shoney Franklin						Interview was held		<input checked="" type="checkbox"/>		(In-Person) or Phone (Circle)						
Shoney Franklin		<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)		Other Staff: (Name & Title)											
Committee Members Present: Don Streb, Paula Garbar,						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. <i>(Required for Nursing Homes Only)</i>				<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 melike?	<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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

? Outside only Inside only Both Inside and Outside.

Are residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input 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

Are 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
Are 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**

One room has no sheets on the bed room is filthy.
Activities posted

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.