Community Advisory Committee Quarterly/Annual Visitation Report

Facility Type: Family Care Home Adult Care					
Usit date	Co	unty		•	Facility Name
□ Combination Home □ Time Spent in Facility Arrival Time 5/30/2019 1 Hr. Min 11:45 Am PM	Buncombe				Fleshers Fairview
S/30/2019	☐ Combination I			Home	
Name of person Exit Interview was held with Susie Cole, DON (Name & Title) Interview was held In-Person Phone Admin SIC (Supervisor in Charge) Other Staff Rep Committee Members Present: Patti Turbyfill, Susan Schiemer Number of Residents who received personal visits from committee members: Number of Residents who received personal visits from committee members: Number of Residents who received personal visits from committee members: Number of Residents who received personal visits from committee members: Number of Residents who received personal visits from committee members: Number of Residents who received personal visits from committee members: Number of Residents who received personal visits from committee members: Number of Residents who received personal visits from committee members: Number of Residents who received personal visits from committee members: Number of Residents who received personal visits from committee members: Number of Residents who received personal visits from committee members: Number of Residents who received personal visits from committee members: Number of Residents who is correct and clearly posted. No Staffing information is posted. No No Resident Profile Comments and Other Observations Comments and Other Observations Comments and Other Observations Comments and Other Observations Number of Residents who facility is posted. No No Staffing information is posted. No No Were residents appear neat, clean and odor free? No				cility	
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The most recent survey was readily accessible. Yes	Res	sident Rights Information is	s clearly visible.	Ombudsman contact	information is correct and clearly
Yes					
Resident Profile Comments and Other Observations 1. Do the residents appear neat, clean and 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?	The		•		
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7. If so, did you ask staff about the facility's	6.	•	s in use?		
·		☐ Yes 🖾 No			
restraint policies? 🗆 Yes 🗀 No	7.	If so, did you ask staff abo	out the facility's		
		restraint policies? Yes	s □ 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 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 ☐ Unside only ☐ Both Inside & Outside.	#9 Community was cleanest the volunteers had ever seen it. New Housekeeping Supervisor had replace all the old style mops with mircofiber mops.
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 Residential Services	# 14 Residents responded that overall call bells were "pretty much" addressed promptly. And that staff "do their best." 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 20. Does the facility have a Resident's Council? ☐ Yes ☐ No Family Council? ☐ Yes ☐ No	#15 Not observed this visit.

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Areas of Concern	Exit Summary
Are there resident issues or topics that need	Discuss items from "Areas of Concern" Section as well
follow-up or review at a later time or during the next visit?	as any changes observed during the visit.
Monitoring of independent dining areas prior to meals.	
Congratluations on State Survey last week - only one deficiency.	