

## Community Advisory Committee Quarterly/Annual Visitation Report

County <b>Buncombe</b>	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Fleshers Fairview
Visit date <b>5/30/2019</b>	Time Spent in Facility <b>1</b> Hr.                      Min	Arrival Time <b>11:45</b> Am                      PM
Name of person Exit Interview was held with <u>Susie Cole, DON</u> (Name & Title) Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep		
Committee Members Present: <b>Patti Turbyfill, Susan Schiemer</b>		Report completed by: <b>Susan Schiemer</b>
Number of Residents who received personal visits from committee members: <b>7</b>		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Resident Profile</b>	<b>Comments and Other Observations</b>	
<ol style="list-style-type: none"> <li>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>2. Did residents say they receive assistance with personal care activities, ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses</i>? <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>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</li> <li>4. Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>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</li> <li>6. Did you observe restraints in use? <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</li> <li>7. If so, did you ask staff about the facility's restraint policies?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> </ol>		



## Community Advisory Committee Quarterly/Annual Visitation Report

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

