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6 copies

Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Buncombe</i>	Facility Type:				Facility Name: <i>Fleshers Fairview Health Care Center</i>			
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home						
	<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home						
Visit Date: <i>8/5/15</i>	Time Spent in Facility: <i>2</i> hr <i>20</i> min				Arrival Time: <i>10:30</i> am <input type="checkbox"/> pm			

Name of Person Exit Interview was held with:				Interview was held: <input checked="" type="checkbox"/> In-Person			
Name: <i>Cheryl Mitchell, Administrator</i>						Phone:	
Title: <input type="checkbox"/> Check Box <input type="checkbox"/> Admn.		SIC (Supervisor in Charge)		Other staff			

Committee Members Present: <i>Jennifer Rubenik, Ellen Baker, Kate Mitchell, Sonya Trudwin</i>				Report Completed by: <i>Sonya</i>			
Number of Residents who received personal visits from committee members: <i>19</i>							

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) waiting for results of survey</i>		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, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
15. 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	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Most of those we spoke to seem to prefer eating in their room</i>
17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. 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?

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

Did observe one staff member come in with fresh water + she did not speak to the resident, however that could have been because she would be interrupting our conversation. Most residents we spoke to were satisfied with care they were receiving.

We got mixed reviews on the meals, some were saying the food was good while a couple of folks thought every thing about the food was bad. Would it help if I can get the names of those who thought it was bad & you got Blaisius the next care plan round?

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Otherwise things seemed to be going very well. I pointed out to our new members how you have changed the use of the rooms to meet the needs of the residents. There is some concern about so many folks eat in their rooms since they miss the socialization that occurs at meals.

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