

Please make
6 copies

Community Advisory Committee Quarterly/Annual Visitation Report

City: <u>Buncombe</u>		Facility Type:		Facility Name: <u>The Fairview</u>	
		<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: <u>6/23/14</u>	Time Spent in Facility: <u>2</u> hr <u>45</u> min	Arrival Time: <u>3</u> : <u>30</u> am <input checked="" type="checkbox"/> pm			
Name of Person Exit Interview was held with:			Interview was held <input checked="" type="checkbox"/> In-Person		
Name: <u>Susan Cole, D/N</u>				Phone:	
Title: <input type="checkbox"/> Check Box <input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)		Other staff			
Committee Members Present: <u>Ellen Baker, Sonya Friedrich</u>				Report Completed by: <u>Sonya</u>	
Number of Residents who received personal visits from committee members: <u>9</u>					
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			
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 checked="" 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 checked="" 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 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 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			
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 checked="" 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 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.

One resident in one of the many double rooms did voice some concern about the availability of the bathroom that is shared with an adjoining double room. The resident also said she was very lonely since the curtain between the two beds was always pulled the full length which made the room side very dark. Another resident expressed an interest in more activities

In our discussion, the resident said she would see if it was possible to move the resident who was concerned about the toilet access. As usual most of the residents we could engage in conversation were very pleased with the staff and the care they were receiving. Mrs. Cole said she would ask the Social Worker to speak to the

resident who had requested more activities to see what type of activity the resident might suggest.

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