

Please make  
6 copies

# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> <i>Buncombe</i>		<b>Facility Type:</b>		<b>Facility Name:</b>	
		Adult Care Home	Family Care Home	<i>Fletcher's Fairview</i>	
		Combination Home	<input checked="" type="checkbox"/> Nursing Home	<i>Health Care Center</i>	
<b>Visit Date</b>	<i>2/3/15</i>	<b>Time Spent in Facility</b>		<b>Arrival Time</b>	
		<i>2</i> hr	<i>00</i> min	<i>10</i> :	<i>45</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
<b>Name of Person Exit Interview was held with:</b>				<b>Interview was held</b>	
<i>Cheryl Mitchell, Administrator</i>				<input checked="" type="checkbox"/> In-Person	
<b>Title:</b>				<b>Phone:</b>	
<i>Check Box</i>		<i>Admn.</i>			
<b>Committee Members Present:</b>				<b>Report Completed by:</b>	
<i>Ellen Baker, Cleaveland Kane, Sonya Friedrich</i>				<i>Sonya</i>	
<b>Number of Residents who received personal visits from committee members:</b> <i>10</i>					

<b>Resident Rights Information is clearly visible.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ombudsman contact information is correct and clearly posted.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>The most recent survey was readily accessible.</b> <i>(Required for Nursing Homes Only)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Staffing information is posted.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### Resident Profile

- Do the residents appear neat, clean and odor free?  Yes  No
- Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?  Yes  No
- Did you see or hear residents being encouraged to participate in their care by staff members?  Yes  No
- Were residents interacting w/ staff, other residents & visitors?  Yes  No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  Yes  No
- Did you observe restraints in use?  Yes  No
- If so, did you ask staff about the facility's restraint policies?  Yes  No

### Comments & Other Observations

### Resident Living Accommodations

- Did residents describe their living environment as homelike?  Yes  No
- Did you notice unpleasant odors in commonly used areas?  Yes  No
- Did you see items that could cause harm or be hazardous?  Yes  No
- Did residents feel their living areas were too noisy?  Yes  No
- Does the facility accommodate smokers?  Yes  No
- 2a. Where?  Outside only  Inside only  Both Inside and Outside.
- Were residents able to reach their call bells with ease?  Yes  No
- 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

### Comments & Other Observations

### Resident Services

- Were residents asked their preferences or opinions about the activities planned for them at the facility?  Yes  No
- 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
- 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
- Do residents have privacy in making and receiving phone calls?  Yes  No
- Is there evidence of community involvement from other civic, volunteer or religious groups?  Yes  No
- Does the Facility have a Resident's Council?  Yes  No

### Comments & Other Observations

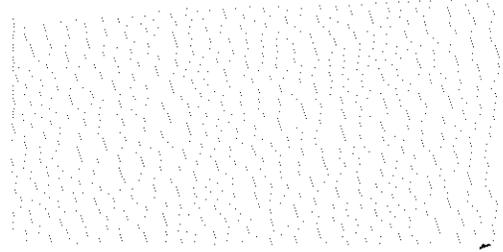
**Areas of Concern**

**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.

*Ellen & I had good responses about the staff. Eleanor did speak with one resident who said that a great deal of shouting just down the hall by a male resident was upsetting*



*We did tell Cheryl that we had many positive comments from residents and that over-all it was a good visit.*

This Document is a **PUBLIC RECORD**. **Do not identify any Resident(s) by name or inference on this form.**  
**Top Copy** is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.

DHHS DOA-022/2004

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