

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON	Facility Type - <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name FLETCHER VIEW INN
Visit Date 11-30-15	Time Spent in Facility 1 hr 45 min	Arrival Time 2:10 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with DAVID STRANG <small>(Name & Title)</small> OWNER		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> OWNER ON-SITE
Committee Members Present: BERNIE BRODSKY, MARTHA SACHS, AUBREY CARRUTH, CALVIN TITUS		Report Completed by: AUBREY CARRUTH
Number of Residents who received personal visits from committee members: 3		
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 type="checkbox"/> Yes <input type="checkbox"/> No <small>(Required for Nursing Homes Only)</small>		Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile

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? Yes No
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
4. Were residents interacting w/ staff, other residents & visitors? Yes No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
6. Did you observe restraints in use? Yes No
7. If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

THIS FACILITY CONTINUES TO REPRESENT THE QUINTESSENTIAL EDEN ALTERNATIVE CONCEPT EXAMPLE. THE PROFILE OF ITS RESIDENTS OVER THE YEARS HAS BEEN ONE OF FAMILY-LIKE MEMBERS WHO ARE COMFORTABLE, WELL CARED-FOR AND CLEARLY FREE OF THE TENSIONS, ANXIETY AND FEARS GENERICALLY ASSOCIATED WITH INSTITUTIONAL-LIKE ORGANIZATIONS.

Resident Living Accommodations

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 Both inside & Outside. *w/supervision*
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

Comments & Other Observations

THIS FACILITY IS CONSISTENTLY CLEAN, FREE OF ODORS AND MOST IMPORTANTLY PROVIDES RESIDENTS WITH A TRANQUIL, CALM ORDER CONDUIVE TO A SAFE, HEALING ENVIRONMENT.

- AVAILABLE BEDS: 6
- #BEDS FILLED: 4 (2 men, 2 women)

SANITATION SCORE: 100

Resident Services

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

Comments & Other Observations

MR. STRANG'S FOOD SERVICE IS OF THE HIGHEST QUALITY, EMPHASIZING THE HEALTH ASPECTS OF EACH MEAL. HIS EXPERIENCE HAS INCLUDED "FACILITY AND FOOD SERVICES DIRECTOR" AT CRESCENT VIEW.

- DR. SIMS OF MEMORY CARE PROVIDES FLETCHER VIEW INN WITH PERIODIC IN-HOUSE SERVICES

N.C. ADULT CARE RATING SYSTEM: 98% DEFICIENCY-FREE SINCE 2007 (5 STARS)

FIRE ALARMS OK

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Exit Summary

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

