

# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe	<b>Facility Type:</b> <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home	<b>Fairview</b> Flesher's <u>Fairview</u> <u>Rest Home</u>
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<b>Visit Date:</b> 1/11/2018	<b>Time Spent in Facility minutes</b> 25	h r	min	10:15	:	<input type="checkbox"/>	<input checked="" type="checkbox"/> am	<input type="checkbox"/>	<input type="checkbox"/> pm
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Person Exit Interview was held with: Cathy Merrill	Interview was held	(xIn-Person) or Phone (Circle)
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Cathy Merrill	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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<b>Committee Members Present:</b> Don Streb, Paula Garber	<b>Report Completed by:</b> Don Streb
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<b>Number of Residents who received personal visits from committee members:</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Resident Profile Observations	Comments & Other		
1. Do the residents appear neat, clean and odor free?	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;"> <input checked="" type="checkbox"/> Yes                 </td> <td style="width: 25%; text-align: center;"> <input type="checkbox"/> No                 </td> </tr> </table>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<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?*

*2 residents*

x	Yes		No

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x	Yes		No
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4. Were residents interacting w/ staff, other residents & visitors?

x	Yes		No
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x	Yes		No
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6. Did you observe restraints in use?

	Yes	x	No
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7. If so, did you ask staff about the facility's restraint policies?

x	Yes		No
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**Resident Living Accommodations Observations**

**Comments & Other**

Do residents describe their living environment as melike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Do you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Do residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Does the facility accommodate smokers?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.				
Are residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Also, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Resident Services**

**Comments & Other Observations**

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

ack choices?

x	Yes		No
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Are they given a choice about where they prefer to dine?

x	Yes		No
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x	Yes		No
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x	Yes		No
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Does the Facility have a Resident's Council?

x	Yes		No
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**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

Facility will be full as of Monday 1/15/18

Every thing looks good

Two residents over 100 years of age

Facility is still looking for two CNA'S

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

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.

