

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:		Flesher's			
		<input checked="" type="checkbox"/> Adult Care Home	Family Care Home	FAIRVIEW REST HOME			
		Combination Home	Nursing Home				
Visit Date 09/15/17	Flesher	Time Spent in Facility minutes	h r	min 35	:	1 0 : 1 5	x am pm
Person Exit Interview was held with: Cathy Merrill				Interview was held	(xIn-Person) or Phone (Circle)		
SIC (Supervisor in Charge)		Other Staff: (Name & Title)					
Committee Members Present: Don Streb, Paula Garber				Report Completed by: Don Streb			
Number of Residents who received personal visits from committee members:							
Resident Rights Information is clearly visible.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The most recent survey was readily accessible. (Required for Nursing Homes Only)		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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							

Commented [1]:

Resident Living Accommodations Observations

Comments & Other

Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Did 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
Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.				
Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Services

Comments & Other Observations

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
Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Were residents asked their preferences about meal &	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

snack choices?

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

Are they given a choice about where they prefer to dine?

Do residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Is there evidence of community involvement from other civic, volunteer or religious groups?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Does the Facility have a Resident's Council?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	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?

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

As always the facility is in great shape. Residents are happy and were interacting with staff and other residents

Will have one vacancy.

Talked about the fact that the staff cannot stop residents from being intimate with another consenting resident.

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