

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:		Fairview 4					
		Adult Care Home	Family Care Home						
		Combination Home	Nursing Home						
Visit Date: 6/8/2018		Time Spent in Facility minutes	h	mi	10:25			<input checked="" type="checkbox"/> am	<input checked="" type="checkbox"/> X
Person Exit Interview was held with: Shoney Franklin					Interview was held		(xIn-Person) or Phone (Circle)		
		SIC (Supervisor in Charge)	Other Staff: (Name & Title)						
Committee Members Present: Don Streb, Paula Garber, Cathy Keckelely					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? Outside only Inside only 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"/>		<input type="checkbox"/>	

Areas of Concern

Exit Summary

Will be full as of June 11
Using the state menus but even at that the wrong day was shown. No sign of fresh fruit or vegetable.
Shoney's nephew will manage the facility while SIC is gone.
Resident said real happy and food is good

Both bathrooms smell of urine and need grouting.
One resident said he works at the facility sometimes and is paid \$10.00 per hour

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.