

3
AC

Community Advisory Committee Quarterly/Annual Visitation Report

| | | | | | | | | | | | | | | | |
|---|--|--------------------------|-------------------------------|--|--------------------------------|----|-----|---------------------------|--|----|------------------------------------|----|----|---|----|
| County: Buncombe | Facility Type: | | | | Facility Name: | | | | | | | | | | |
| | <input type="checkbox"/> Adult Care Home | x | Family Care Home | | Fairview Family Care #1 | | | | | | | | | | |
| | Combination Home | <input type="checkbox"/> | Nursing Home | | | | | | | | | | | | |
| Visit Date | 10/05/17 | | Time Spent in Facility | | hr | 20 | min | Arrival Time | | 1: | : | 00 | am | x | pm |
| Person Exit Interview was held with: Robert Creech | | | | | | | | Interview was held | | x | In-Person or Phone (Circle) | | | | |

| | | |
|---|-----------------------------------|--|
| x | SIC (Supervisor in Charge) | Other Staff: (Name & Title) |
|---|-----------------------------------|--|

| | |
|---|---|
| Committee Members Present: Bob Tomasulo & Marsha Safian | Report Completed by: Bob Tomasulo |
|---|---|

| | | | | | | | | | |
|---|--|---|---|--|--|--|--|--|--|
| Number of Residents who received personal visits from committee members: | | 0 | 2 | | | | | | |
| x | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Resident Profile | Comments & Other Observations | | | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|----|--------------------------|-----|--------------------------|----|
| 1. Do the residents appear neat, clean and odor free? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">No</td> </tr> </table> | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | |
| <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">No</td> </tr> </table> | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | |
| <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">No</td> </tr> </table> | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | |
| 4. Were residents interacting w/ staff, other residents & visitors? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">No</td> </tr> </table> | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | |
| <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">No</td> </tr> </table> | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | |
| 6. Did you observe restraints in use? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">No</td> </tr> </table> | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | | | | |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | |
| 7. If so, did you ask staff about the facility's restraint policies? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">No</td> </tr> </table> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | |

Resident Living Accommodations

Comments & Other Observations

| | | | | |
|--|-------------------------------------|-----|-------------------------------------|----|
| 8. Did residents describe their living environment as homelike? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Did you notice unpleasant odors in commonly used areas? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 10. Did you see items that could cause harm or be hazardous? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 11. Did residents feel their living areas were too noisy? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12. Does the facility accommodate smokers? Where? [x] Outside only [] Inside only [] Both Inside and Outside. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 13. Were residents able to reach their call bells with ease? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14. Did staff answer call bells in a timely & courteous manner? | <input 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

| | | | | |
|--|-------------------------------------|-----|-------------------------------------|----|
| | <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 |
| Are they given a choice about where they prefer to dine? | <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 |
| | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 20. Does the Facility have a Resident's Council? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

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.

We spoke at length with 2 residents and both expressed satisfaction with their living situation as well as the food and activities. The facility is old and needs updating but was clean and comfortable.

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