

**Community Advisory Committee Quarterly/Annual Visitation Report**

<b>County:</b> Buncombe		<b>Facility Type:</b>		<b>Fairview # 3</b>	
		Adult Care Home	x	Family Care Home	
		Combination Home		Nursing Home	
<b>Visit Date</b> 6/8/2018	Fairview	<b>Time Spent in Facility minutes</b>	h r	min 14	10:58 : <input type="checkbox"/> am <input type="checkbox"/> pm
<b>Person Exit Interview was held with:</b> Shirley Creech				<b>Interview was held</b>	<b>(xIn-Person) or Phone (Circle)</b>
		<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b>		
<b>Committee Members Present:</b> Don Streb, Paula Garber, Cathy Keckeley				<b>Report Completed by:</b> Don Streb	
<b>Number of Residents who received personal visits from committee members:</b>					
<b>Resident Rights Information is clearly visible.</b>		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>Ombudsman contact information is correct and clearly posted.</b>		
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>Staffing information is posted.</b>		
<b>Resident Profile</b>			<b>Comments &amp; Other</b>		
<b>Observations</b>					
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

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit</p> <p>Home is clean.</p> <p>One resident having a mid morning snack and said she was happy</p> <p>A not very nice note from management on a residents door</p> <p>Same menus as the other homes</p> <p>No sign of fresh fruit or veggie</p> <p>No toilet paper in either bathroom</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p>

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