

# Community Advisory Committee Quarterly/Annual Visitation Report

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County Buncombe	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Flesher's Fairview
Visit date 9/21/2018	Time Spent in Facility 2 Hr. 15 Min	Arrival Time 09:30 Am PM
Name of person Exit Interview was held with <u>Cheri Mitchell</u> (Name & Title) Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: Patti Turbyfill, Susan Schiemer		Report completed by: Susan Schiemer
Number of Residents who received personal visits from committee members: 7		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Resident Profile	Comments and Other Observations	
<ol style="list-style-type: none"> <li>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. Did residents say they receive assistance with personal care activities, ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>4. Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>6. Did you observe restraints in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>7. If so, did you ask staff about the facility's restraint policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p>Staffing hours available at front desk were for 9/20</p> <p>#1 Most residents appeared clean but some had slight odor. Also fingernails not always cleaned and trimmed.</p> <p>#2 Not observed this visit</p> <p># 6 One resident was observed pulling on a seat belt restraint, unable to get it off. Aides indicated that the resident had "picked up the chair" while trying to stand. When speaking with the Administrator she said that restraint use is evaluated weekly by their Restraint Committee.</p>	



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<b>Areas of Concern</b>	<b>Exit Summary</b>
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Discuss items from " <i>Areas of Concern</i> " Section as well as any changes observed during the visit.