

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Fairview 2							
		Adult Care Home		Family Care Home									
		Combination Home		Nursing Home									
Visit Date 01/16/17	Fairview 1 2	Time Spent in Facility minutes		h	10	min	9:40	:	<input type="checkbox"/>	x	am	pm	
Person Exit Interview was held with: Teresa Allen							Interview was held		(xIn-Person) or Phone (Circle)				
Teresa Allen		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													

personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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3. Did you see or hear residents being encouraged to participate in their care by staff members?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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4. Were residents interacting w/ staff, other residents & visitors?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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6. Did you observe restraints in use?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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7. If so, did you ask staff about the facility's restraint policies?

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Resident Living Accommodations Observations

Comments & Other

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

Resident Services

Comments & Other Observations

Are 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
Are residents asked their preferences about meal &				

ack choices?

x	Yes		No
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Are they given a choice about where they prefer to dine?

x	Yes		No
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residents have privacy in making and receiving phone calls?

x	Yes		No

Is there evidence of community involvement from either civic, volunteer or religious groups?

x	Yes		No

Does the Facility have a Resident's Council?

x	Yes		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?

No issues of concern. Facility appears to be well run and residents same content

Cracked tile left of toilet

5 residents, one room not ready for a resident no bed

Activities posted

Discuss items from "Areas of Concern" Section as 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.