### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Name:** Fleshees of Fairview  
**Visit Date:** 8/17/17  
**Time Spent in Facility:** 1 hr 30 min  
**Arrival Time:** 10:00 am  
**Name of Person Exit Interview was held with:** Cheryl Mitchell  
**Other Staff Rep:** (Name & Title)  
**Number of Residents who received personal visits from committed members:** 10  
**Report Completed by:** Kate Elliott  
**Ombudsman contact information is correct and clearly posted:** Yes  
**Staffing information is posted:** Yes  
**Resident Rights Information is clearly visible:** Yes  
**The most recent survey was readily accessible:** Yes  
**(Required for Nursing Homes Only) on Request**  

#### Resident Profile

1. Do the residents appear neat, clean and odor free? [ ] Yes [ ] 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?* [ ] Yes [ ] No  
3. Did you see or hear residents being encouraged to participate in their care by staff members? [ ] Yes [ ] No  
4. Were residents interacting w/ staff, other residents & visitors? [ ] Yes [ ] No  
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? [ ] Yes [ ] No  
6. Did you observe restraints in use? [ ] Yes [ ] No  
7. If so, did you ask staff about the facility's restraint policies? [ ] Yes [ ] No  

#### Resident Living Accommodations

8. Did residents describe their living environment as homelike? [ ] Yes [ ] No  
9. Did you notice unpleasant odors in commonly used areas? [ ] Yes [ ] No  
10. Did you see items that could cause harm or be hazardous? [ ] Yes [ ] No  
11. Did residents feel their living areas were too noisy? [ ] Yes [ ] No  
12. Does the facility accommodate smokers? [ ] Yes [ ] No  
13. Were residents able to reach their call bells with ease? [ ] Yes [ ] No  
14. Did staff answer call bells in a timely & courteous manner? [ ] Yes [ ] No  
15. If no, did you share this with the administrative staff? [ ] Yes [ ] No  

#### Resident Services

16. Did residents have the opportunity to purchase personal items of their choice using their monthly needs funds? [ ] Yes [ ] No  
17. Are residents asked their preferences about meal & snack choices? [ ] Yes [ ] No  
18. Do residents have privacy in making and receiving phone calls? [ ] Yes [ ] No  
19. Is there evidence of community involvement from other civic, volunteer or religious groups? [ ] Yes [ ] No  
20. Does the facility have a Resident's Council? [ ] Yes [ ] No  
21. Family Council? [ ] Yes [ ] No  

#### Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit? **No issues noted**

### Comments & Other Observations

- Residents appear clean and odor free.
- Several residents reported living many years at Fleshees.
- Rooms and common areas are clean and neat.
- Most residents eat breakfast in room.
- Scheduled 9/5 at 9:05 am.

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.  
**Top Copy** is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.

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