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Community Advisory Committee Quarterly/Annual Visitation Report

County Henderson	Facility Type: <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Soundview Family: Units A, B, C, O, 3
Visit date August 16, 2018	Time Spent in Facility 1 Hr. 30 Min	Arrival Time 10:00 Am PM
Name of person Exit Interview was held with <u>A-Cherise Gschlecht; B-none avail; C-wife & husb</u> (Name & Title)		
Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: Larry Kosowsky and Sue Warden		Report completed by: Sue Warden: O-in bed sleeping; 3-Gloria
Number of Residents who received personal visits from committee members: 10 at least		
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 type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Profile	Comments and Other Observations	
<ol style="list-style-type: none"> 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. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 	<p>Six residents in each house plus one staff overnight. Cameras everywhere for safety. Ratings for most houses dated 2015 at 102.5; Unit C was 96 in 3/2018. Fire extinguishers were checked 8/1/2018. Activity sheets were posted in each house; however, participation in activities is low except for movie and ice cream nights. Grievance procedures were also posted. Unit A manager said the State was in two times recently with no issues.</p> <p>Each house competes in sanitation and the winning house receives a treat of some sort.</p> <p>Everyone was friendly to us in each house and willing to speak openly.</p>	

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Resident Living Accommodations	Comments and Other Observations
<p>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>One house had a snack table set up with popcorn, cookies, drinks, etc., for the residents to have during the day in lieu of kitchen access.</p> <p>All rooms that we saw were neat and clean and smelled fresh. All common areas were equally clean.</p> <p>Dogs roamed freely about the yards with one staff keeping their dog in their private room. Residents visited different houses and other residents at will and were viewed walking in the area.</p>
Residential Services	Comments and Other Observations
<p>15. 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</p> <p>16. 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</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When one person was asked what would make his life better at the residence, he asked for a game room with an X-Box. Several residents were long-term and had been there several years. They were observed helping each other and one was encouraging another to go for a walk.</p> <p>Another resident works and can take a bus to work.</p> <p>Each resident receives \$66 monthly for their personal expenditures. They have monthly trips to Walmart and staff purchases needed items for them at other times. One resident who has lived there for four years said the food is good and everything was OK but he just wanted to leave.</p>

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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?	Discuss items from " <i>Areas of Concern</i> " Section as well as any changes observed during the visit.