

County		Community Advisory Committee Quarterly/Annual Visitation Report	
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 <u>SOUNDVIEW FAMILY CARE</u> <u>HOMES UNITS: D, E, F, N</u>
Visit Date <u>AUG 10, 2018</u>	Time Spent in Facility <u>1 hr 15 min</u>	Arrival Time <u>10:00 AM</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Name of Person Exit Interview was held with <u>NICOLE SANDRA STEPHAN</u>		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)	
<input checked="" type="checkbox"/> Other Staff Rep <u>TRACY SUVA</u> <u>CHUCK - ALTERNATE SUPT</u>		(Name & Title) <u>SUPV IN CHARGE</u> <u>KATHERINE TRANSPORTATION</u>	
Committee Members Present: <u>TOM KEATING &amp; CHARLIE MCCURDY</u>		Report Completed by: <u>CHARLIE MCCURDY</u> <u>TOM KEATING, VOLUNTEERS</u>	
Number of Residents who received personal visits from committee members: <u>15 RESIDENTS</u>			
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input type="checkbox"/> No	
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information is posted. <input 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 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 checked="" type="checkbox"/> Yes <input 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		6 RESIDENTS PER UNIT -- MOST HAD AROUND 5 RESIDENTS RESIDENTS APPEARED TO BE NEAT AND CLEAN OVERALL SUPERVISORS - IN CHARGE WERE POSITIVE & PROFESSIONAL SUPERVISORS PRESENT - SIGN IN BOOK CHECKED BADGES / ASKED QUESTIONS	
Resident Living Accommodations		Comments & Other Observations	
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. 13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		HOMELIKE ATMOSPHERE RESIDENTS SEEMED SATISFIED - ONE WANTED MORE SODA ACTIVITIES SCHEDULE WAS POSTED - SOME RESIDENTS DID PUZZLES. PLEASANT AROMAS OF LUNCH	
Resident Services		Comments & Other Observations	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No 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		RESIDENTS PLACED ORDERS FOR PERSONAL CARE ITEMS OLDER MEMBERS PREFERRED TO STAY IN ROOMS - MALE, FEMALE & CO-ED UNITS ADEQUATE CLEANING THROUGHOUT BUT SOME FLOORS AND BASEBOARDS NEEDED EMPHASIS. GOOD SECURITY PROTOCOLS - APPEARED TO BE NEW FIRE EXTINGUISHERS.	
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? <u>LOOSE SCREEN - UNIT N</u> <u>UNPLEASANT ODOR - UNIT F</u> <u>UPDATE CONTACT INFO - UNITS F, &amp; N</u>		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. <u>MENTIONED LOOSE SCREEN AND UNPLEASANT ODOR</u>	

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