

CS

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> <b>HENDERSON</b>		<b>Facility Type:</b>			<b>Facility Name:</b>								
		Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	SOUNDVIEW BUILDING C								
<b>Visit Date</b> 5.16.19		<b>Time Spent in Facility</b>								<b>Arrival Time</b>			
		Combination Home		Nursing Home	hr	25	min	10	:	55	a	m	
<b>Person Exit Interview was held with:</b> Alena Rice							<b>Interview was held</b>		<b>In-Person</b>				
							<input checked="" type="checkbox"/>						
		<input checked="" type="checkbox"/> <b>SIC (Supervisor in Charge)</b>		<b>Other Staff: (Name &amp; Title)</b>									
<b>Committee Members Present:</b> Lyn Herget, Sandra Rodriguez							<b>Report Completed by:</b> Sandra Rodriguez						
<b>Number of Residents who received personal visits from committee members: 3</b>													
<b>Resident Rights Information is clearly visible.</b>					<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		<b>Ombudsman contact information is correct and clearly posted.</b>					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>					<input type="checkbox"/> Y <input type="checkbox"/> N		<b>Staffing information is posted.</b>					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	Not applicable
2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

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	
Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.					
13. Were residents able to reach their call bells with ease?	<input checked="" 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	
If no, did you share this with the administrative staff?					
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

No call bells activated during visit

Resident Services				Comments & Other Observations	
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><b>Some residents had a guardian who managed their finances.</b></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	
Can residents access their monthly needs funds at their convenience?	<input 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	
Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input checked="" 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 checked="" type="checkbox"/>	No	
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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?

**Exit Summary**

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

Good rapport noted between SIC and residents of this building.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.

