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BCACH CA

# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe	<b>Facility Type:</b> <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home	<b>Facility Name:</b> Sound View 94
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<b>Visit Date</b> 2/25/2019	<b>Time Spent in Facility</b> hr 20 min	<b>Arrival Time</b> 11 : 25 am	<input checked="" type="checkbox"/>
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Person Exit Interview was held with: Haywood      Interview was held Yes      (In-Person )or Phone (Circle)

Haywood	<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b>	Paula
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<b>Committee Members Present:</b> Judy DeWitt, Susian Stewart	<b>Report Completed by:</b> Judy Dewitt
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**Number of Residents who received personal visits from committee members:** 1 others at school

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
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The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations
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<p>1. Do the residents appear neat, clean and odor free?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>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</p> <p>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</p> <p>4. Were residents interacting w/ staff, other residents &amp; visitors?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>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</p> <p>6. Did you observe restraints in use?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Place was very clean and resident was also.</p> <p>All residents were self-sufficient</p> <p>Not discussed</p> <p>Saw only 1 resident we spoke to She was very verbal and helpful</p> <p>Did not see any residents having any difficulty</p>
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Resident Living Accommodations	Comments & Other Observations
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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 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 checked="" type="checkbox"/>	No

Resident seemed very satisfied.

Did not see any call bells.

Resident Services	CommentsX& Other Observations
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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
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 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
Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**They went to school and were able to go out and do other things they enjoyed**

**Did not discuss this with residents**

Resident said food was good. Paula said she asks residents what they want to eat.

**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? .

Haywood seemed upset with our visit and went back in his room and shut the door. At end of visit he came out again but wouldn't talk to me. Both staff were evidently new to their job and seemed concerned about our visit.

Discuss items from "Areas of Concern" Section as well 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.

