

Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Buncombe</u>	Facility Type: <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home	Facility Name: <u>Soundview J</u>
Visit Date: <u>8-26-15</u>	Time Spent in Facility: <u>25</u> hr <u>25</u> min	Arrival Time: <u>3</u> : <u>45</u> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with: _____		Interview was held: <input checked="" type="checkbox"/> In-Person <input type="checkbox"/>
Name: <u>Ronessa Hughes</u>		Phone: _____
Title: <input type="checkbox"/> Check Box <input type="checkbox"/> Admn.	<input checked="" type="checkbox"/> SIC (Supervisor in Charge)	<input type="checkbox"/> Other staff
Committee Members Present: <u>Adami / Lotts</u>		Report Completed by: <u>Adami</u>

Number of Residents who received personal visits from committee members: Four

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> <u>N/A</u>	Staffing information is posted. <input type="checkbox"/> Yes <input checked="" 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	<u>Residents all women.</u> <u>Very happy with their home.</u> <u>Residents interacting with SIC.</u>
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 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 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? <u>N/A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Extremely clean.</u> <u>Well kept up.</u> <u>It was obvious care was taken to keep this home in good condition.</u>
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 checked="" type="checkbox"/> Outside only [] Inside only [] Both Inside and Outside.	
13. Were residents able to reach their call bells with ease? <u>NA</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <u>NA</u> <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	

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	<u>Nightly meal being prepared</u> <u>was 2 menu substitution,</u> <u>Pantry very well stocked.</u>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <u>N/A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

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 problem noted.

Need to have
1-800 # complaint line
posted.

Exit Summary

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

Home in very good
repair. Nicely kept up.