



# Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:		Facility Name:	
	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	Soundview #2 (formerly <u>Smith Street #30</u> )
	Combination Home	<input type="checkbox"/>	Nursing Home	
Visit Date 10/10/17	Time Spent in Facility	hr 15	min	Arrival Time 1 : 55 pm

Person Exit Interview was held with: Lillie Jackson, SIC Interview was held In-Person

SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: John Bernhardt, Susan Stuart Report Completed by: Susan Stuart

Number of Residents who received personal visits from committee members: 3

Resident Rights Information is clearly visible.  Y  N Ombudsman contact information is correct and clearly posted.  Yes  No

The most recent survey was readily accessible. (Required for Nursing Homes Only)  Y  N Staffing information is posted.  Yes  No

Resident Profile	Comments & Other
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Observations	Resident Profile	Comments & Other
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1. 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	SIC said she assists the residents as much as each one needs in bathing and personal care.
interview was held	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residents I spoke with denied having any needs not being met.
1. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1. 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	
Did you observe restraints in use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations Observations	Comments & Other
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1. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
1. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
1. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
1. 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.				
Were residents able to reach their call bells with ease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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

Resident Services	Comments & Other Observations
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1. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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
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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
1. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Resident said they can choose to dine there, or away from the home. SIC said residents are frequently involved in meal decisions, if menu not followed. There was fresh fruit available for the residents.

**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.

There are six males residents, however, one of them frequently stays with a family member. This home is kept immaculately clean and fresh smelling.

