

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type: Adult Care Home <input checked="" type="checkbox"/> Family Care Home		Facility Name: Soundview II #1	
	Combination Home		Nursing Home	
Visit Date 4/20/18	Time Spent in Facility hr 15 min		Arrival Time 11 : 00 am	
Person Exit Interview was held with: Lillie Jackson, SIC			Interview was held	In-Person

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

Number of Residents who received personal visits from committee members: 2

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. (Required for Nursing Homes Only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	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 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 type="checkbox"/> Yes	<input type="checkbox"/> No

6. Did you observe restraints in use? Yes No
7. If so, did you ask staff about the facility's restraint policies? Yes No

Resident Living Accommodations Observations				Comments & Other
---	--	--	--	------------------

8. Did residents describe their living environment as homelike? X Yes No
9. Did you notice unpleasant odors in commonly used areas? Yes No
10. Did you see items that could cause harm or be hazardous? Yes No
11. Did residents feel their living areas were too noisy? Yes No
12. Does the facility accommodate smokers? X Yes No
- 12a. Where? Outside only Inside only Both Inside and Outside.
13. Were residents able to reach their call bells with ease? Yes No
14. Did staff answer call bells in a timely & courteous manner? Yes No
- 14a. If no, did you share this with the administrative staff? Yes No

Resident Services				Comments & Other Observations
-------------------	--	--	--	-------------------------------

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? X Yes No As we have seen in the past, this residence is kept immaculately clean and neat. The men we spoke with expressed satisfaction with their living situation.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? X Yes No
- 16a. Can residents access their monthly needs funds at their convenience? Yes No
17. Are residents asked their preferences about meal & snack choices? Yes No
- 17a. Are they given a choice about where they prefer to dine? Yes No

18. Do residents have privacy in making and receiving phone calls?

Yes

No

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

Yes

No

20. Does the Facility have a Resident's Council?

Yes

No

Areas of Concern

Exit Summary

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