

Community Advisory Committee Quarterly/Annual Visitation Report

CA

County: Buncombe		Facility Type:				Facility Name:										
		<input type="checkbox"/>	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	Soundview 34 34 Smith Graveyard Rd Soundview II # 2										
		<input type="checkbox"/>	Combination Home									Nursing Home				
Visit Date	05/02/19	Time Spent in Facility				hr	15	min	Arrival Time		11	:	15	<input checked="" type="checkbox"/>	am	pm

Person Exit Interview was held with: _____ **Interview was held** **In-Person or Phone (Circle)**

Jeanie Cucumber

<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Bob Tomasulo & Judy Dewitt	Report Completed by: Bob Tomasulo
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Number of Residents who received personal visits from committee members: 3

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations
<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, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Were residents interacting w/ staff, other residents & 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 checked="" 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>6 residents one woman and 5 men</p>

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 checked="" type="checkbox"/> | Yes | <input 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 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 checked="" 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 |

Residents all expressed satisfaction with the facility. Most are long term residents

Resident Services	Comments & 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 checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 18. Is there evidence of community involvement from other civic, volunteer or religious groups? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 19. Does the Facility have a Resident's Council? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

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?

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

Facility was very clean!

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

