

08

Community Advisory Committee Quarterly/Annual Visitation Report

County: HENDERSON		Facility Type:				Facility Name:					
		Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home		SOUNDVIEW BUILDING A					
Visit Date		Time Spent in Facility		hr	min					Arrival Time	
5/16/19				30		10		:	00	A M	
Person Exit Interview was held with: Bre Nunez							Interview was held		In-Person		
									<input checked="" type="checkbox"/>		
		SIC (Supervisor in Charge)		Other Staff: (Name & Title)							
		<input checked="" type="checkbox"/>									
Committee Members Present: Lyn Herget, Sandra Rodriguez							Report Completed by: Sandra Rodriguez				
Number of Residents who received personal visits from committee members: 2											
Resident Rights Information is clearly visible.					<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Ombudsman contact information is correct and clearly posted.				
							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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 checked="" type="checkbox"/> No				

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	Not seen during this visit
<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 checked="" 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 checked="" 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 checked="" 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?	
<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	
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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	No call bells activated during visit
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 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	Residents spoken to had guardians who managed their finances and purchased items for them.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Can residents access their monthly needs funds at their convenience?	<input 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	Meals are taken family-style in the dining area.
Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input checked="" 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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	

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.

No particular concerns at this facility. No interactions between staff and residents seen at this time; SIC stated that residents often stay in their rooms except for meals.

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

