

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type: <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home	Facility Name: Soundview II #30 <i>soundview II #4</i>
Visit Date 5/3/2019	Time Spent in Facility hr 15 min	Arrival Time 11 : 45 AM <input checked="" type="checkbox"/>
Person Exit Interview was held with Eli Jackson		Interview was held Yes (In-Person) or Phone (Circle)

Eli Jackson	<input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Judy DeWitt, Bob Tomasulo	Report Completed by: Judy Dewitt
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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
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 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	6 males
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	Not discussed
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	Not discussed
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	Did not see any residents having any difficulty
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	Place very clean. Residents said that their house was the cleanest.	
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? Where? [X] Outside only [] Inside only [] Both Inside and Outside.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No		
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 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				CommentsX& 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		Shared activities with other houses.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No		Can walk to some stores.
17. Are residents asked their preferences about meal & snack choices? Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No		Residents were eating their lunch. Some had been working out in the yards.
	<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 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? . No concerns. Resident seem to take pride in their house and yards.

Exit Summary

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

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

