

CA

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe		<b>Facility Type:</b>				<b>Soundview 32</b> <b>32 Smith Graveyard Rd</b> <i>Soundview 11 #32</i>				
		<input type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home	<input type="checkbox"/> Nursing Home						
<b>Visit Date</b> 05/02/19	<b>Time Spent in Facility</b>				hr 15 min	<b>Arrival Time</b>	11 : 00	<input checked="" type="checkbox"/> am	<input checked="" type="checkbox"/> pm	

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

**Passion Watson**

<input checked="" type="checkbox"/>	<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b> Tanya Crair Med Tec
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<b>Committee Members Present:</b> Bob Tomasulo Judy Dewitt	<b>Report Completed by:</b> Bob Tomasulo
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**Number of Residents who received personal visits from committee members: 2**

<b>Resident Rights Information is clearly visible.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>Ombudsman contact information is correct and clearly posted.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Staffing information is posted.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations							
1. Do the residents appear neat, clean and odor free? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> </tr> </table>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	6 male residents      Residents seemed very engaged with staff			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No					
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> <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> </tr> </table>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No				
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No					
3. Did you see or hear residents being encouraged to participate in their care by staff members? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Yes</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>No</td> </tr> </table>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No				
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No					
4. Were residents interacting w/ staff, other residents & visitors? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> </tr> </table>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No				
<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? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> </tr> </table>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No				
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No					
6. Did you observe restraints in use? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Yes</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> </tr> </table>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
7. If so, did you ask staff about the facility's restraint policies? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> </tr> </table>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
<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	Residents all were very positive about their care	
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? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> 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		Call bell use not observed
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	<b>Activity calendar missing. Was told a new one had been ordered.</b>
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	
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	
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 checked="" type="checkbox"/>	Yes	<input 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.

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

