

8

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson		Facility Type:		Facility Name:							
		Adult Care Home	X	Family Care Home	Sound View D 43 Oxbow Lane						
		Combination Home		Nursing Home							
Visit Date 5/16/19	Time Spent in Facility		h		Mi	Arrival Time		<input checked="" type="checkbox"/> a	<input type="checkbox"/> m	<input type="checkbox"/> pm	
Person Exit Interview was held Jeffery Wilson						Interview was held	<input checked="" type="checkbox"/>	(In-Person) or Phone (Circle)			
Jeffery Wilson		<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)		Other Staff: (Name & Title)						
Committee Members Present:						Report Completed by:					
Don Streb, Charlie McCurdy						Don Streb					
Number of Residents who received personal visits from committee members:											
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 checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Staffing information is posted.				<input checked="" 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, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>			<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No					
3. Did you see or hear residents being											

**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? Outside only Inside only 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 |

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 |
| 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 |

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

DHHS DOA-022/2004

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow up or review at a later time or during the next visit.</p> <p>Talked to 6 residents. Facility looks good</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p>