**Community Advisory Committee Quarterly/Annual Visitation Report**

**County:** Henderson

**Facility Type:**
- [ ] Adult Care Home
- [x] Family Care Home
- [ ] Combination Home
- [ ] Nursing Home

**Facility Name:** Soundview Assisted Living #3

**Visit Date:** 4-4-19
**Time Spent in Facility:** hr 30 min
**Arrival Time:** 12:30 am
**Interview was held:** In-Person

**Name:** Clay Rice
**Substitute:** SIC/Mod Tech
**Phone:** 695-5839
**Title:** Check Box Admin.
**SIC (Supervisor in Charge):**

**Committee Members Present:**
- Roy Howard
- Jacky Sopper
- Chris Huber (Observer)

**Number of Residents who received personal visits from committee members:**
3-7 [Most were in their rooms with doors closed]

**Resident Rights Information is clearly visible.**
- [ ] Yes
- [x] No

**Ombudsman contact information is correct and clearly posted.**
- [x] Yes
- [ ] No

**The most recent survey was readily accessible.**
- [ ] Yes
- [ ] No

**Staffing information is posted.**
- [x] Yes
- [ ] No

**Resident Profile**

1. **Do the residents appear neat, clean and odor free?**
   - [ ] Yes
   - [ ] 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?**
   - [ ] Yes
   - [ ] No

3. **Did you see or hear residents being encouraged to participate in their care by staff members?**
   - [ ] Yes
   - [ ] No

4. **Were residents interacting w/ staff, other residents & visitors?**
   - [x] Yes
   - [ ] No

5. **Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?**
   - [ ] Yes
   - [ ] No

6. **If so, did you observe restraints in use?**
   - [ ] Yes
   - [ ] No

7. **If so, did you ask staff about the facility's restraint policies?**
   - [ ] Yes
   - [ ] No

**Comments & Other Observations**
- Total of 6 residents seen today.
- Facility very clean and neat.
- Residents we talked to were very positive about their living conditions.
- Fresh fruit always available.
- 24 hour staff coverage.
- Resident are taken out to store appts as needed.
- Several residents are long term.
- Outside building is in good condition.
- Overall very positive visit.

**Resident Living Accommodations**

8. **Did residents describe their living environment as homelike?**
   - [ ] Yes
   - [ ] No

9. **Did you notice unpleasant odors in commonly used areas?**
   - [x] Yes
   - [ ] No

10. **Did you see items that could cause harm or be hazardous?**
    - [ ] Yes
    - [ ] No

11. **Did residents feel their living areas were too noisy?**
    - [ ] Yes
    - [ ] No

12. **Does the facility accommodate smokers?**
    - [ ] Yes
    - [ ] No

12a. **Where?**
    - [ ] Outside only
    - [ ] Inside only
    - [ ] Both Inside and Outside

13. **Were residents able to reach their call bells with ease?**
    - [ ] Yes
    - [ ] No

14. **Did staff answer call bells in a timely & courteous manner?**
    - [ ] Yes
    - [ ] No

14a. **If no, did you share this with the administrative staff?**
    - [ ] Yes
    - [ ] No

**Resident Services**

15. **Were residents asked their preferences or opinions about the activities planned for them at the facility?**
    - [ ] Yes
    - [ ] No

16. **Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?**
    - [ ] Yes
    - [ ] No

16a. **Can residents access their monthly needs funds at their convenience?**
    - [ ] Yes
    - [ ] No

17. **Are residents asked their preferences about meal & snack choices?**
    - [ ] Yes
    - [ ] No

17a. **Are they given a choice about where they prefer to dine?**
    - [ ] Yes
    - [ ] No

18. **Do residents have privacy in making and receiving phone calls?**
    - [ ] Yes
    - [ ] No

19. **Is there evidence of community involvement from other civic, volunteer or religious groups?**
    - [ ] Yes
    - [ ] No

20. **Does the Facility have a Resident's Council?**
    - [ ] Yes
    - [ ] No

*Informed, but infrequent*