

Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania	Facility Type:				Facility Name:										
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home			Kingsbridge House										
	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home													
Visit Date	09 11 2017	Time Spent in Facility		1	hr	15	min	Arrival Time		10	:	0	0	Am	pm

Person Exit Interview was held with: Acting supervisor - Tiffany	Interview was held	In-Person or Phone (Circle) in person
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SIC (Supervisor in Charge) Tiffany	Other Staff: (Name & Title)
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Committee Members Present: Debbie Felker and Donna Raspa	Report Completed by: Donna Raspa
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Number of Residents who received personal visits from committee members: 6

Resident Rights Information is clearly visible. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	<p>With the exception of one person whose room had a strong odor. This was addressed in the exit interview and we were told it would be looked into.</p> <p>Compliments were given to the laundry staff member by residents.</p> <p>One resident was encouraged to stay in the common area rather than be alone in her room.</p> <p>Several residents are fed meals by a staff member and also a therapist.</p> <p>Several residents were in the lobby; others in the TV room; a few walking in the halls; some asleep.</p>
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
4. Were residents interacting w/ staff, other residents & visitors? <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
6. Did you observe restraints in use? <div style="float: right; text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	
7. If so, did you ask staff about the facility's restraint policies? <div style="float: right; text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	

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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12a. 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
14. Did staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Two residents said the dining area was very noisy; however, this issue has been addressed and is getting better.

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
16a. 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
17a. 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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Activity schedule is clearly posted.

Phone calls can be taken in the office (not very private) or there is a portable which can be taken to a resident's room.

Areas of Concern**Exit Summary**

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

The Activities Director did not show up for work and the acting administrator had not received any information from the activities director. Tiffany did say there are three directors rotating at Kingsbridge due to the fact that the actual Director had open heart surgery and will not be back for another four weeks. Perhaps one of the other directors knew she would be out.

Recent turnover of staff. We were told that the staff is receiving additional training and all recently received a raise.

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

We met with Tiffany and expressed concern regarding a staff member who was observed being rude to a resident. This was also brought to the attention of Tiffany and she stated it was the staff's personality; however, she would speak to the staff member.

Check on the odor in resident room.

This Document is a **PUBLIC RECORD**. **Do not identify any Resident(s) by name or inference on this form.** **Top Copy** is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.
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