



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 – Memory Care										
<input type="checkbox"/> Combination Home	<input type="checkbox"/>	Nursing Home													
Visit Date	4	20	2018	Time Spent in Facility	1	hr	8	min	Arrival Time	11	:	0	9	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm
Person Exit Interview was held with: Crystal Evans – Memory Care Coordinator									Interview was held			In-Person or Phone (Circle) in person			

SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Carol Allison, Emily Ullmer, Donna Raspa	Report Completed by: Donna Raspa
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Number of Residents who received personal visits from committee members: 14	
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 checked="" type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not all were clean or had their hair combed. Some wore soiled clothing. Some, who were able to communicate stated their needs were being met. One resident felt her needs were not being met. This was not observed.
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 checked="" type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
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 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
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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
14a. If no, did you share this with the administrative staff?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Residents were unable to communicate this information.

Some residents stated yes, but one did not feel she was seen in a timely manner.

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
16a. Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
17a. Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

The activities director was not on site, and no one was directed to take her place. Therefore, the activities posted were not taking place.

Residents were unable to answer this.

This question was not asked.

According to the activities posted; however, this cannot be confirmed.

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?

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Check to determine if the menu offered has choices.

Since this is a memory care unit, it is not always easy to determine residents needs or lack of care.

Determine is activities of daily living, grooming etc. are taking place.

In previous visits, activities were not taking place as stated on the activities board. This remains a concern.

The new Director was not on site. His name is Monte Clampett.

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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