### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Pennsylvania  
**Facility Type:** Adult Care Home  
**Facility Name:** Kingsbridge  
**Visit Date:** Dec 4, 2017  
**Time Spent in Facility:** 1 hr 0 min  
**Arrival Time:** 11:30 am  
**Interview was held with:** In-Person  
**Name:** Crystal Evans  
**Title:** Check Bx  
**Committee Members Present:**  
**Number of Residents who received personal visits from committee members:** 34 (62)  
**Ombudsman contact information is correct and clearly posted:** Yes  
**The most recent survey was readily accessible:** Yes  
**Staffing information is posted:** Yes  

#### 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?  
   - Yes  
   - No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  
   - Yes  
   - No
6. Do you observe restraints in use?  
   - Yes  
   - No
7. Did you ask staff about the facility’s restraint policies?  
   - Yes  
   - No

#### Comments & Other Observations
- Reasons: 
  - Communications
  - Only those authorized

#### Resident Living Accommodations

8. Did residents describe their living environment as homelike?  
   - Yes  
   - No
9. Did you notice unpleasant odors in commonly used areas?  
   - 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
13. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside  
14. Were residents able to reach their call bells with ease?  
    - Yes  
    - No
15. Did staff answer call bells in a timely & courteous manner?  
    - Yes  
    - No
16. 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
17. Are residents asked their preferences about meal & snack choices?  
   - Yes  
   - No
18. Are they given a choice about where they prefer to dine?  
   - Yes  
   - No
19. Do residents have privacy in making and receiving phone calls?  
   - Yes  
   - No
20. Does the Facility have a Resident’s Council?  
   - Yes  
   - No

**Reasons:** 
- Most keep their seat
- Full calendar
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.</td>
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</tbody>
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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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