# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** TRAPS  
**Facility Name:** Kingsbridge  
**Visit Date:** 6/1/12  
**Time Spent in Facility:** 2 hr 26 min  
**Arrival Time:** 11:30 a.m.  
**Interview Held:** In Person  
**Phone Admin. SIC:** 

### Number of Residents who received personal visits from committee members
- **Yes**  
- **No**

### Resident Rights Information is clearly visible
- **Yes**  
- **No**

### The most recent survey was readily accessible
- **Yes**  
- **No**

### Staffing information is posted
- **Yes**  
- **No**

## Resident Profile

| 1. Do the residents appear neat, clean and odor free? | **Yes**  | **No**  
| 2. Did residents say they received 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. Did you observe restraints in use? | **Yes**  | **No**  
| 7. If so, did you ask staff about the facility’s restraint policies? | **Yes**  | **No**  

## 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**  
| 12a. Inside only  |  
| 13. Were residents able to reach their cell phones with ease? | **Yes**  | **No**  
| 14. Did staff answer cell calls 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**  
| Family Council? | **Yes**  | **No**  

## Exit Summary

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

- Meet residents with advanced memory deficit. Items noted from family/staff.

---

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

*Top Copy* is for the Regional Ombudsman's Record. *Bottom Copy* is for the CAC's Records.

DEHS DOA-022/2004