

Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania		Facility Type:				Facility Name: Kingsbridge			
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home						
Visit Date 03 13 2017		Combination Home		Nursing Home		Arrival Time 12: : 4 : 0 am x pm			
		Time Spent in Facility 2 hr 10 min							
Person Exit Interview was held with: Mary Tremba - memory care manager						Interview was held		In-Person or Phone (Circle) <u>in person</u>	
Mary Tremba		SIC (Supervisor in Charge)		Other Staff: (Name & Title)					
Committee Members Present: Debbie Felker and Donna Raspa						Report Completed by: Donna Raspa			

Number of Residents who received personal visits from committee members: 10+

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted CAC members not 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. For weekends <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>With the exception of two. One man had a very strong urine odor and a woman had a soiled top from lunch.</p> <p>Only a few were noted to be interacting with staff.</p> <p>A mat, on the floor, was noted placed next to a bed in one room. The bed appeared to be high off the floor.</p>

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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
10. Did you see items that could cause harm or be hazardous?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input 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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
14a. If no, did you share this with the administrative staff?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

In the TV room opposite the dining room.

Cleaning carts were in the middle of the hallways, rather than off to the side for ease of movement. One room did not have a working smoke alarm. Concern expressed that resident room doors locked from the inside.

There are three residents who smoke.

A resident reported two residents fell and no one answered the call button. He went to the nurse's station to summon help. Another resident said she waited an hour for the bell to be answered.

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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
16a. Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/>	Yes	<input checked="" 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 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

A resident's caregiver stated he never gets a statement which has the balance of his wife's personal account. He also stated reimbursements were not in a timely manner.

Menus are set by the state.

Phone calls are made in the nurses' station and staff remains in the room.

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Call bells are not being answered in a timely manner.</p> <p>Several residents stated supplies are not provided as needed. Currently, the facility was out of wipes, bed pads and <i>incontinence briefs</i>. The site administrator was borrowing <i>incontinence briefs</i> from another facility.</p> <p>Med techs do not seem to be helping at meals. Currently 13 residents need help with meals and only two staff members present in the dining room.</p> <p>Medications are not given in a timely manner. Residents stated it is sometimes 11:00 PM before meds are dispensed and folks helped to bed.</p> <p>A Hospice nurse, that was at the facility, felt hydration was an issue with several patients.</p> <p>Activities Director was behind a locked door. At one point, she was observed working on a puzzle by herself.</p>	<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Lack of supplies</p> <p>Call bells not answered in a timely manner</p> <p>Dispensing of medications earlier in the evening.</p> <p>No evidence of hydration every 2 hours.</p> <p>Appear to be unders staffed.</p>

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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