



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	3	18	2019	1	hr	10	min	Arrival Time	1	:	0		am	<input checked="" type="checkbox"/> Pm

Person Exit Interview was held with: Monty and Christy

Interview was held **In-Person or Phone (Circle) in person**

SIC (Supervisor in Charge -

Other Staff: (Name & Title)

Committee Members Present: Donna Raspa and Emily Ulmer

Report Completed by: Donna Raspa

Number of Residents who received personal visits from committee members: 20
 The census is 41 residents. Some were sleeping; one man requested we get out.

Resident Rights Information is clearly visible. Y N

Ombudsman contact information is correct and clearly posted Yes No

Posted but not correct

The most recent survey was readily accessible. (Required for Nursing Homes Only) Y N

Staffing information is posted. Yes No

Resident Profile			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	Yes	<p>Lunch had just ended and many residents were in the TV room. For the most part, residents were clean; however, several men were in need of a shave. There was a bit of an urine odor in one room.</p> <p>There was a time slot for an activity from 1:15 – 2:15; however, no activity was scheduled. While there, the activity director did start a “ball exercise” with the residents in the TV room. Two men were engaged in a game of Sorry. Most staff were in the office until it was noted we were in the building.</p> <p>The nursing director questioned why we were in the building.</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?	<input checked="" type="checkbox"/>	Yes	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input checked="" type="checkbox"/>	Yes	
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>	Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input type="checkbox"/>	Yes	
6. Did you observe restraints in use?	<input type="checkbox"/>	Yes	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	Yes	

Resident Living Accommodations				Comments & Other Observations	
8. Did residents describe their living environment as homelike?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<p>Most of the rooms have personal items and some have mementos in the shadow box outside the rooms. Some residents felt their needs were being met, while others had non-specific complaints.</p> <p>One person mentioned that it takes a long time for call bells to be answered. Other residents seemed not to understand what the call bell was or how to use it.</p> <p>When questioned the Director said all CNA's wear a pager and it goes off when a call bell is used. He stated he gets a monthly report with the amount of time it takes for staff to respond to a call bell.</p> <p>Residents were satisfied with the food.</p>
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 checked="" type="checkbox"/>	No	
14a. If no, did you share this with the administrative staff?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	

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	<p>The activities are scheduled by the Activity Director. When asked about going out of the facility, most said they did not go out. The Director stated he needs a bigger vehicle to take folks out and the weather has been an issue. He stated residents can buy things but it is unclear on how they do that if not taken out of the facility.</p> <p>Several residents mentioned there was no phone for them to use and calls had to be answered in the office, which is not private. Kristy stated there are two portable phones but she couldn't find them. While we were talking to a resident, Kristy transferred a call to her cell phone and let the resident use her office to talk to a family member.</p> <p>The administrator said family could install a</p>
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 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 checked="" type="checkbox"/>	Yes	<input 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	

phone and pay for it but they choose not to.

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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Phone availability
Check activities

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.
DHHS DOA-022/2004

