

Community Advisory Committee

Quarterly/Annual Visitation Report

County Transylvania	Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Kingsbridge
Visit Date 8/10/15	Time Spent in Facility 1 hr 30 min	Arrival Time 10:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with Linda Dyer (Admin)		Interview was held <input checked="" type="checkbox"/> in-Person <input type="checkbox"/> Phone
<input checked="" type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor In Charge) <input type="checkbox"/> Other Staff Rep		Megan (Dementia Care) (Name & Title)
Committee Members Present: Linda Novosel, Maddyn Meyer		Report Completed by: Linda Novosel
Number of Residents who received personal visits from committee members: 15+		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Profile		Comments & Other Observations
<ol style="list-style-type: none"> 1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. Did you observe restraints in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 	<p>— one resident w/ waist belt in w/c. due to sliding out of chair w/ Dr order</p>	
Resident Living Accommodations		Comments & Other Observations
<ol style="list-style-type: none"> 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 & Outside. — staff goes down 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 — did not see any 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p>— stated they were happy & felt comfortable</p>	
Resident Services		Comments & Other Observations
<ol style="list-style-type: none"> 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 Family Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No — all families have private phone# of Admin. 	<p>— staff will bring residents to the store</p> <p>+ CNA accompanies all residents to Dr. office Appts.</p> <p>+ Psych. visits 1x mo for therapy or med. management</p> <p>+ hoping to get Alz Assoc Support Group</p>	
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>Discussed deficiencies on latest survey around medication issues. Admin has made many changes, including staff being dismissed, more accountability, monitoring computerized ADL's/MAR input even from home.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p>Administrator & management staff extremely positive. Lots of good energy; staff feels empowered</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.