

Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>TRANSylvania</u>		Facility Type:		Facility Name: <u>Kingsbridge</u>	
Visit Date: <u>12/24/14</u>		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	Arrival Time: <u>10</u> : <u>—</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
		<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home		
Time Spent in Facility: <u>20</u> hr <u>—</u> min		Name of Person Exit Interview was held with:		Interview was held: <input type="checkbox"/> In-Person <input type="checkbox"/> Other	
Name: <u>Vickie</u>		Title: <u>Memory care mgr</u>		Phone: <u>884-6137</u>	
Title: <input type="checkbox"/> Check Box <input checked="" type="checkbox"/> Admn.		SIC (Supervisor in Charge)		Other staff	
Committee Members Present: <u>Mary Grace Beaman, Keistin, Amy, Kay Hunter</u>				Report Completed by: <u>K. Armstrong</u>	
Number of Residents who received personal visits from committee members: <u>—</u>					
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 checked="" type="checkbox"/> No <i>(Required for Nursing Homes Only)</i> <u>NA</u>		Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>Not observed</u>			

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? NA 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 NA
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No NA
6. Did you observe restraints in use? Yes No
7. If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

37 residents
60

only, safety seat belt

Resident Living Accommodations

8. Did residents describe their living environment as homelike? Yes No NA
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
1. Did residents feel their living areas were too noisy? Yes No NA
2. Does the facility accommodate smokers? Yes No
- 2a. Where? Outside only Inside only Both Inside and Outside.
3. Were residents able to reach their call bells with ease? Yes No
4. Did staff answer call bells in a timely & courteous manner? Yes No
- 4a. If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

considering - note present

Not observed, patients up about

Resident Services

5. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- 6a. Can residents access their monthly needs funds at their convenience? Yes No
7. Are residents asked their preferences about meal & snack choices? Yes No
- 7a. Are they given a choice about where they prefer to dine? Yes No
8. Do residents have privacy in making and receiving phone calls? Yes No
9. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
10. Does the Facility have a Resident's Council? Yes No

Comments & Other Observations

NA