

# Community Advisory Committee Quarterly/Annual Visitation Report

97  
728

|  |   |  |   |   |  |                                   |
|--|---|--|---|---|--|-----------------------------------|
| County: <b>Pennsylvania</b>                  | Facility Type: <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Adult Care Home</td> <td><input type="checkbox"/> Family Care Home</td> </tr> <tr> <td><input type="checkbox"/> Combination Home</td> <td><input checked="" type="checkbox"/> Nursing Home</td> </tr> </table> | <input type="checkbox"/> Adult Care Home               | <input type="checkbox"/> Family Care Home | <input type="checkbox"/> Combination Home | <input checked="" type="checkbox"/> Nursing Home | Facility Name: <b>Kingsbridge</b> |
| <input type="checkbox"/> Adult Care Home     | <input type="checkbox"/> Family Care Home   |  |   |   |  |                                   |
| <input type="checkbox"/> Combination Home    | <input checked="" type="checkbox"/> Nursing Home  |  |   |   |  |                                   |
| Visit Date: <b>4/17/14</b>                   | Time Spent in Facility: <b>7</b> hr <b>0</b> min  | Arrival Time: <b>10</b> : <b>00</b> am <b>00</b> pm    |   |   |  |                                   |
| Name of Person Exit Interview was held with: |   | Interview was held: <input type="checkbox"/> In-Person |   |   |  |                                   |

|  |        |
|--|--------|
| Name: <b>B. HESHAU</b>   | Phone: |
| Title: <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other staff |        |

|  |  |
|--|--|
| Committee Members Present: <b>JANE WILLIAMS, Kay Hunter, MARK G. BRENNAN</b> | Report Completed by: <b>May J. ...</b> |
|--|--|

|  |  |
|--|--|
| Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Required for Nursing Homes Only)</i> | Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |

### Resident Profile

### Comments & Other Observations

|  |   |
|--|---|
| 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 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 7. Did you ask staff about the facility's restraint policies?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Unable to assess fully as it is a memory care facility

### Resident Living Accommodations

### Comments & Other Observations

|  |  |
|--|--|
| 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 type="checkbox"/> No |
| 10. Did you see items that could cause harm or be hazardous?   | <input 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 type="checkbox"/> Yes <input type="checkbox"/> No |
| 12a. Where? <input 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 type="checkbox"/> No |
| 14. Did staff answer call bells in a timely & courteous manner?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14a. If no, did you share this with the administrative staff?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Residents were unable to fully answer questions

### 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 type="checkbox"/> No |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | <input 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 type="checkbox"/> No |
| 17a. Are they given a choice about where they prefer to dine?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Do residents have privacy in making and receiving phone calls?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Does the Facility have a Resident's Council?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

S.A.A.

**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?

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

*Very Clean.  
No issues.  
Residents up, dressed and  
could freely move around.*

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

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