

Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania	Facility Type: <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Combination Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home	Facility Name: Kingsbridge House
Visit Date: 09 25 2018	Time Spent in Facility: 1 hr min	Arrival Time: 3 : 15 am Pm x

Person Exit Interview was held with: Monte Clampett	Interview was held	In-Person or Phone (Circle) in person
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SIC (Supervisor in Charge - Monte Clampett)	Other Staff: (Name & Title)
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Committee Members Present: Donna Raspa, Emily Ullmer and Heather Stewart	Report Completed by: Donna Raspa
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Number of Residents who received personal visits from committee members: 8

Resident Rights Information is clearly visible. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Resident Profile				Comments & Other Observations	
1. Do the residents appear neat, clean and odor free?	<input type="checkbox"/>	Yes X	<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 X	<input type="checkbox"/>	No	Those that were able to understand and respond.
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 X	For the most part, the staff was congregated in the hallway. I did observe two staff members interacting with residents.
4. Were residents interacting w/ staff, other residents & visitors?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No X	
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 X	Residents were observed in restraints. One was trying to get out and this was pointed out to staff, they lifted the restraint and allowed the resident to sit back, as in a recliner.
6. Did you observe restraints in use?	<input type="checkbox"/>	Yes X	<input type="checkbox"/>	No	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	Yes X	<input type="checkbox"/>	No	During the exit interview, Mr. Clampett was asked about the restraints. When asked if the residents observed could get out of the restraints, he replied, "Yes" however, then followed that statement with, "They are geriatric patients so they cannot get out."

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 X
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No X
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? [] Outside only [] Inside only [] Both				Inside
13. Were residents able to reach their call bells with ease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No X
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

Unable to determine

Residents unable to answer. However, this was addressed in the exit interview. The intercom is extremely loud and we were told that it could not be lowered. Staff was also loud in the hallway.

None observed

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

Unable to determine

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?

Use of restraints
Loud Noises
Staff not working with residents

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Use of restraints
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Staff not working with residents

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

