Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Our Lady of Lourdes Care Facility
Name of provider:	Melbourne Health Care Limited
Address of centre:	Kilcummin Village, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	06 May 2026
Centre ID:	OSV-0000265
Fieldwork ID:	MON-0049528

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Our Lady of Lourdes Care Facility is a designated centre located within the rural setting of the village of Kilcummin and a short distance from the town of Killarney, Co. Kerry. It is registered to accommodate a maximum of 66 residents. It is a two-storey facility set out in three wings: Dun Beag is a dementia-focused unit accommodating 18 residents; Tus Nua on the first floor accommodating 27 residents; and Deenagh on the ground floor accommodating 21 residents. Our Lady of Lourdes Care Facility provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, dementia care, convalescence, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 May 2026	09:30hrs to 17:50hrs	Siobhan Bourke	Lead
Wednesday 6 May 2026	09:30hrs to 17:50hrs	Louise O'Hare	Support

What residents told us and what inspectors observed

This was a one day unannounced inspection to monitor compliance with the regulations. Residents living in Our Lady of Lourdes Care Facility who spoke with the inspectors gave very positive feedback regarding the kindness and support they received from staff. One resident told the inspectors that "they are very good to me here". Another told inspectors that "it's the very best.' The inspectors met with 15 residents and 10 visitors during the day. Visitors also spoke highly regarding the care and attention their relatives received from staff.

The inspectors arrived unannounced to the centre and on arrival saw that contractors were on site, undertaking works to improve the fire safety in the centre, on both floors. Residents who spoke with the inspectors were well informed regarding the ongoing works and told the inspectors that the management team kept them up to date with how the works were progressing. Residents living on the ground floor, where the works were the noisiest, told the inspectors that they were offered the choice of moving upstairs to the communal day rooms or to stay in their rooms. The inspectors saw that maintenance person and the nursing management team did regular walk-arounds during the day, ensuring the environment was safe for residents and staff.

Our Lady of Lourdes Care Facility has three units and can accommodate 66 residents over two floors. Deenagh with 21 beds on the ground floor and Tus Nua with 27 beds and Dunbeg with 18 beds on the first floor. The inspectors saw that all bar four of the beds in Dunbeg were unoccupied and admissions to the centre had been stopped, to enable the residents living in this part of the centre move to another part of the home, so that renovations and fire safety works could be carried out in this part of the building. The management team assured inspectors that these works would not commence until the Dunbeg unit was completely unoccupied.

The majority of residents' bedrooms were personalised and nicely decorated with plenty of storage space for residents. A number of bedrooms in Tus nua had balcony access to the veranda area and residents told the inspectors that they were delighted to now be able to use the verandas and were looking forward to sitting out there during the summer. However, flooring in a number of bedrooms in the Deenagh and furniture and paintwork in other residents bedrooms were worn and marked and required review. Residents who spoke with the inspectors confirmed that their bedrooms were cleaned every day.

There are a number of communal spaces available for residents use on both floors in the centre. The ground floor had an oratory, a day room and a small dining area for residents' use. During the morning, the inspectors saw residents having a leisurely breakfast in the dining area. The dayroom space was closed off due to the maintenance work in the centre. The inspectors saw that many of the residents living in the ground floor went to the upstairs day room during the morning, while

the works were ongoing. The oratory was still available for residents to use and the inspectors saw that flooring had been replaced in this room. On the upper ground floor, the main day room and dining room had been recently refurbished with new flooring, furniture and seating. The coffee dock was also available for residents and relatives to use, which was a quiet private room near the nurse's reception. Residents could freely access the outdoor veranda and patio on the upper ground floor and the inspectors saw that the patio had been cleaned and had new furniture ready to use for the Summer. On the ground floor, a new enclosed patio area had been developed and was also fitted with outdoor furniture and seating.

Throughout the day, the inspectors spent time observing staff and resident interactions in the various areas of the centre. Residents were observed to be relaxed and familiar with one another and with staff. Staff who spoke with the inspectors were aware of residents' preferences and needs for support and demonstrated a clear understanding of their roles and responsibilities. There was a welcoming atmosphere in the communal rooms of the centre and the inspectors saw that staff took time to chat with residents about their day. Residents who were unable to speak with the inspectors were observed to be content and comfortable in their surroundings.

The inspectors observed the lunch time meals on both floors and saw that residents were offered a choice of three main courses and two desserts for lunch. Menus were displayed on each table and tablecloths gave the rooms a homely feel. Residents gave very positive feedback to the inspectors regarding the choices and quality of food available to them.

The provider employed two activity staff to support the schedule of activities in the centre. Residents confirmed that they had choice in what activities to attend or if they chose to stay in their rooms and watch TV or read. During the morning, residents and staff discussed the Kerryman paper and this was followed by an exercise class that appeared lively. Many of the residents participated in a lively bingo session in the afternoon. Residents were consulted on the running of the centre through regular residents' meetings and surveys. From a review of the minutes of the most recent meetings, the management team were responsive to suggestions raised by residents. For example, residents suggested a talk on fire safety would be beneficial and this was planned for May 2026. Residents were also surveyed to seek their views on the renovation occurring in the centre.

Capacity and capability

This was an unannounced inspection carried out over one day by two inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors also followed up on the actions required by the provider to come into compliance with the regulations, following the previous inspection. The overall

findings of this inspection were that the management systems had been strengthened. It was evident to the inspectors that many of the findings of the previous inspection had been actioned; with others in progress at the time of the inspection.

Melbourne Health care Limited is the registered provider for Our Lady of Lourdes Care Facility and is registered to accommodate 66 residents. The registered provider company has two directors, one of whom represents the provider and was in attendance in the centre, for the duration of the inspection.

The provider ensured the centre was adequately resourced to ensure the effective delivery of care in accordance with the statement of purpose. The number and skill mix of staff was appropriate to meet the assessed needs of the 50 residents living in the centre. The provider had taken the decision to stop admissions to the centre to enable works to the Dunbeag Unit. The staffing levels were maintained as if centre was fully occupied during this time, so that residents could be supported while fire stopping and other works were ongoing in the centre.

There were clear lines of responsibility and accountability in the centre. The person participating in management, nominated by the provider attended the centre on a weekly basis and was available daily by telephone to support the person in charge. There had been a change to the personnel appointed as person in charge since December 2025. The person in charge was full time in their role and was supported on site by two clinical nurse managers, a team of nursing, health care, housekeeping, catering, activity and administrative staff. The provider also employed a full time maintenance person.

There was clear oversight of training in the centre. Mandatory training was largely up-to-date. A number of staff required training in responsive behaviour and this had been scheduled for the following day. Staff who spoke with inspectors were aware of their training and were able to answer relevant questions appropriately. Inspectors saw that there were effective systems in place to promote supervision in the centre. The management team conducted daily walkabouts during the day, and staff who spoke with inspectors said they could raise issues with management.

A sample of four staff personnel files were reviewed by an inspector. There was evidence that each staff member had a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 on file, prior to commencing employment.

The provider had enhanced the management systems in place to oversee the quality and safety of care provided to residents since the previous inspection. There was close monitoring of risks to residents such as falls, weight loss and skin integrity. Audits with regard to care planning were recorded and evidenced that action was taken by the person in charge to improve nursing care documentation for residents.

An annual review of the quality and safety of care provided to residents in 2025 was prepared and available to review.

Required incidents were notified to the office of the Chief Inspector.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application to renew the centre's registration. The required form, fee, statement of purpose and floor plans were submitted as required.

Judgment: Compliant

Regulation 14: Persons in charge

There had been a change in person in charge since the previous inspection. The person in charge was full time in position since December 2025 and had the required management and nursing experience for the role. There were in the process of completing a level 9 qualification in gerontology nursing(older persons nursing) which included a leadership module, as this was required to be completed before March 2028 for persons in charge appointed since March 2025.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix was appropriate to meet the assessed needs of the 50 residents living in the centre at the time of the inspection. The provider had maintained the staffing levels for when the centre was fully occupied, to provide increased support for residents while the fire stopping and renovation works were underway in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure that staff were appropriately supervised by the nursing management team. Mandatory training was largely up-to-date, with training dates scheduled to ensure that all staff were current. The person in charge had ensured that staff also access to a range of appropriate training to enable them to provide care to residents. This included a suite of infection prevention and control

training, people moving and handling, wound management, falls prevention and restrictive practice.

Judgment: Compliant

Regulation 21: Records

Records were stored in a safe and accessible manner. The inspector reviewed a sample of staff files and found that they contained the information set out in Schedule 2 of the regulations. Staff had valid Garda Síochána (police) vetting in place before starting employment in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured that the centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There was an ongoing programme of fire safety works in progress in the centre and many of the premises issues had been actioned since the previous inspections.

The inspectors found that there was a clearly defined management structure in place and staff were clear regarding their roles and responsibilities. The person in charge was supported on site by an experienced senior clinical nurse manager and a clinical nurse manager grade one. The director of clinical care and quality standards, who was nominated as a PPIM(person participating in management) attended the centre once a week to provide support to the on site management team.

There was good oversight of the quality and safety of care provided to residents, through audit systems and monitoring of key risks to residents.

An annual review of the quality and safety of care delivered to residents was available for the inspectors to review and it was evident, that it was prepared in consultation with the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed and amended on the day of the inspection to ensure it met the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and notification events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre. Residents spoken with relayed that they could raise issues with staff and that issues would be dealt with in a timely manner. From a review of the complaints records maintained in the centre, it was evident that written responses were provided to complainants outlining the outcome of the complaint investigation and the process for seeking a review of the complaint if they were not satisfied with the outcome.

Judgment: Compliant

Quality and safety

The inspectors found that residents living in Our Lady of Lourdes Care Facility were supported to enjoy a good quality of life and received a good standard of care from the staff working in the centre. Residents' needs were being met through good access to health care services and good opportunities for social engagement. Some action was required with regard to care planning, premises and fire precautions as outlined under the relevant regulations.

Residents had good access to general practitioner(GP) services, as GPs from local practices, visited the centre regularly. Residents also had access to a range of health and social care professionals such as speech and language therapists, dietetics and tissue viability specialists. A physiotherapist attended the centre two days a week. Inspectors saw that residents who required assessment were referred in a timely manner. There were also established referral pathways to additional specialist

services such as the integrated care programme for older people (ICPOP), community mental health and palliative care.

Inspectors reviewed a sample of residents' care plans, which were maintained on an electronic system. Validated assessment tools were used to assess risk factors such as malnutrition and skin integrity. Care plans were largely person-centred; however, action was required to ensure they were updated as required as detailed under Regulation 5: Individual assessment and care plan.

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included ensuring monitoring of residents' weights and timely referral to dietetic and speech and language services to ensure best outcomes for residents. Where specific dietary requirements were prescribed, they were seen to be implemented.

A restrictive practice register was maintained in the centre, and quarterly committee meetings were held to review the use of restrictive practice. Appropriate risk assessments were carried out before restrictive practices, such as bed rails, were put into place. Less restrictive alternatives such as movement sensors were in use. Staff received training on restrictive practice and responsive behaviours. Multidisciplinary meetings were held to identify triggers and strategies for residents who experienced responsive behaviour, and these were incorporated into care plans.

The inspectors saw that the outdoor veranda area on the upper ground floor had a new glass veranda, to raise the height of the area, to ensure it was safe for residents. This meant that residents, who had balconies adjacent to their bedrooms, could easily access this area safely. An outdoor secure large patio area had also been developed on the ground floor and was furnished with seating and tables. The day room and dining room on the upper ground floor had been refurbished and had new flooring though out. There as an ongoing programme of renovations to residents' bedrooms that was in progress on the day of inspection. The inspectors saw that paintwork and flooring in a number of bedrooms was chipped and marked and required attention. This is outlined under Regulation 17; Premises.

There was adequate resources to ensure residents' bedrooms and communal areas were cleaned every day. The frequency of cleaning was increased in the centre to mitigate the increased dust generated with the ongoing works in the centre. One of the clinical nurse managers was completing enhanced training on infection prevention and control, while awaiting a place on the next link nurse training programme. There was close monitoring of residents with multi-drug resistant organisms by the management team.

There was a schedule of activities available for residents over seven days of the week. Residents were encouraged to maintain links with the community and to go out with relatives or on outings from the centre. Residents had access to independent advocacy when required.

The provider had ensured that there were arrangements in place for the testing and maintenance of the fire fighting equipment, fire alarm system and emergency

lighting. Staff participated in fire evacuation drills with both night time and daytime staffing levels to ensure the timely evacuation of residents in the event of a fire. However, works were ongoing as required as detailed under Regulation 28: Fire precautions.

Regulation 17: Premises

While it was evident that extensive renovations to the centre such as a new patio area and extension to the height of the veranda area had been completed, action was required with regard to the following;

- Flooring in a number of residents' bedrooms was worn and required repair.
- Paint work on some resident bedroom walls and furniture was chipped and required review.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents living in the centre gave positive feedback to the inspectors regarding the choices and quality of meals and snacks provided to them. The inspectors saw that residents who required assistance were provided with this in a timely manner. Residents were monitored closely for risks of malnutrition and were referred as appropriate to dietitian services.

Judgment: Compliant

Regulation 27: Infection control

The provider had followed up on a number of actions from the previous inspection. A dedicated housekeeping room had been created, and housekeeping trolleys were prepared here, which reduced the risk of cross infection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider continued to implement the recommended findings of the fire safety risk assessment and inspectors saw that external contractors were on site completing works as required.

Personal emergency evacuation plans required review to ensure they contained sufficient information to aid evacuation. For example, one resident's plan did not state how many people were required to aid evacuation. This could impact safe evacuation in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While, inspectors found that care plans were largely person centred, action was required to ensure that care plans were updated to reflect changes in residents' care.

For example, two care plans had not been updated following review by a dietitian and speech and language therapist to ensure recommendations made regarding residents dietary requirements were implemented. These may result in errors in care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents living in this centre had access to appropriate medical and healthcare services. GPs attended the centre, and health and social care professionals were facilitated to assess residents, as appropriate. Referral pathways were in place, and inspectors saw that referrals were sent in a timely manner.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge was working to promote a restraint free environment and there was close monitoring of restrictive practices such as bed rails in the centre. Inspectors saw evidence of alternatives trialled. Residents had risk assessments completed prior to the use of restrictive practice and there was evidence of consultation with residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted about and participated in the organisation of the centre through monthly resident meetings. Residents' opinions were also sought through surveys about their experiences of living in the centre, including the ongoing building works. From a review of relevant documentation, it was evident that concerns raised by residents were followed up and acted on where possible. Residents were supported to exercise their religious rights and to access radio, television and other media.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Our Lady of Lourdes Care Facility OSV-0000265

Inspection ID: MON-0049528

Date of inspection: 06/05/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A comprehensive facilities audit has been completed across the centre and these items have been incorporated into the centre's ongoing maintenance and capital works programme. Flooring: A review of flooring throughout the designated centre has identified areas requiring replacement. We have included the replacement of all flooring throughout the building within the approved capital works programme. Works will be completed on a phased basis to minimise disruption to residents. In the interim, all areas of worn flooring will continue to be monitored through the maintenance system, with any repairs required to maintain safety and cleanliness completed promptly. Continuous and ongoing. Paintwork and Furniture: All resident bedrooms and associated furniture have been reviewed. Areas of chipped paintwork have been added to the maintenance schedule and remedial painting and touch-up works will be completed. Furniture requiring refurbishment will be repaired or replaced as necessary to ensure a good standard of décor and presentation is maintained throughout the home. Progress against these actions will be monitored by the Person in Charge and the facilities team through regular environmental audits and oversight of the maintenance and capital works programmes to ensure completion within agreed timeframes. Continuous and ongoing.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All PEEPS have been reviewed and updated.	

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

A comprehensive review of all resident care plans has been completed to ensure they accurately reflect current assessments, needs, and interventions, with outdated information removed and archived in line with policy. Person-centred care planning has been strengthened through the introduction of a "Key to Me" document on admission, ensuring residents' life history, preferences, and wishes are embedded within their care plans. Care plans are treated as live documents and are updated promptly following any change in a resident's condition or multidisciplinary intervention, with formal reviews conducted at least every four months in consultation with residents and/or their representatives. Additional nursing hours have been approved to support this process, alongside the implementation of a Nursing Care Plan Guide and targeted training and mentoring delivered by the Quality Manager to enhance staff competency. The Person in Charge, supported by the Quality Team, will conduct regular care plan audits, with findings reviewed at governance meetings to ensure continuous improvement. Full compliance with Regulation 5 will be achieved and sustained within eight weeks, with ongoing monitoring in place.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	08/06/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	14/08/2026

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			