

## Community Advisory Committee Quarterly/Annual Visitation Report

County <b>HENDERSON</b>	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <b>LODGE AT MILLS RIVER</b>
Visit Date <b>FEB 16, 2018</b>	Time Spent in Facility <b>hr 55 min</b>	Arrival Time <b>10:00</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <b>MIKE, ADMIN &amp; DEBRA DON</b>		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
Other Staff Rep <b>LOTANTA - MED RECORDS</b> (Name & Title)		
Committee Members Present: <b>- 2 TEAMS / 53 AM VISIT LARRY, BRENDA, BAUBARA, TOM &amp; TRAINEE</b>		Report Completed by: <b>TOM KEATING</b>
Number of Residents who received personal visits from committee members: <b>7</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 (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"> <li>1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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</li> <li>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</li> <li>4. Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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</li> <li>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ol>	<p><b>45 RESIDENTS / 50 CAPACITY</b></p> <p><b>98.0 SANITATION SCORE</b></p> <p><b>- 2 CERTIFICATES</b></p> <p><b>POSITIVE FEEDBACK FROM RESIDENTS</b></p>

Resident Living Accommodations	Comments & Other Observations
<ol style="list-style-type: none"> <li>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside &amp; Outside.</li> <li>13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>14. Did staff answer call bells in a timely &amp; courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p><b>BRIGHT &amp; INVITING FACILITY</b></p> <p><b>NICE INTERIOR DECOR WITH ATTENTIVE STAFF.</b></p> <p><b>HIGH LEVEL NURSING/REHAB CARE (NURSE/PT)</b></p>

Resident Services	Comments & Other Observations
<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>17. Are residents asked their preferences about meal &amp; snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>ORDER OFF THE GRILL</b></li> <li>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>?</b> Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p><b>SEVERAL SMALL CAFE EATING AREAS</b></p> <p><b>SEVERAL MENU CHOICES EACH DAY</b></p> <p><b>WELCOMING LANDSCAPING &amp; PATIO AREA</b></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 style="text-align: center; font-size: 1.2em;"><b>NONE</b></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p style="text-align: center; font-size: 1.2em;"><b>- NEED TO UPDATE NOTIFICATION SHEET</b></p>