

Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Nevada</i>	Facility Type -		Family Care Home	Facility Name: <i>The Lodge @ Mills River</i>
	Adult Care Home		Nursing Home	
	Combination Home		<i>Health & Rehab</i>	
Visit Date <i>8/9/18</i>	Time Spent in Facility <i>1</i> hr <i>0</i> min		Arrival Time <i>10:00</i> am <i>00</i> pm	
Name of Person Exit Interview was held with <i>MATTHEW GRAHAM, ADMINISTRATOR</i>			Interview was held <input checked="" type="checkbox"/> In-Person	
Phone	Admn.	SIC (Supervisor in Charge)	Other staff	

Report Completed by: *SUE WARDEN*

Committee Members Present: *Larry Kosowsky, Charlie McCurdy, Sue Warden*

Number of Residents who received personal visits from committee members: *6 approx.*

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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	<p><i>Excellent 4yr old facility. State Efficiency Survey - CLEAN. 42 in beds out of 50 filled. Met 5yr staffer Records + staffing for CNAs. Very Happy. Staffing: 6 on days, 5 pm & 2 @ night. 1 patient - 2 thumbs up. One complaint of a hard bed but several mattresses available so it cd. have been required medically. One lady cold (86#) & we retrieved another blanket. Observed patients in therapy in a windowed room. Refriger. in rooms. all residents said they were getting the best of care.</i></p>
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? <i>Physical Therapy</i> <input checked="" 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. If <input type="checkbox"/> did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
1. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>Most residents in bed recuperating. Many doors were closed. Facility is short-term rehab with long-term care. 24 hour nursing. Very clean. Friendly. Under new Management. Sanitation rating of 98 - posted in 2 places. Activity calendar was in each room and ran electronically on a large TV screen in the hall.</i></p>
2. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
7. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
1. Were residents asked their preferences or opinions about the activities planned for them at the facility? <i>NA</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p><i>Dining Room has open seating. Daily menu arrives on each patient's breakfast tray. We met with Matthew Graham, Administrator, and mentioned the hard bed comment. He said the patient had never told the staff but he would check it out; however, patient was leaving the next day. Mr. Graham said they were just starting to meet about upgrading some carpet and furniture. He is a new Adm. and very proactive and energetic.</i></p>
2. 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	
3a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is there evidence of community involvement from other civic, fraternal or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.