Community Advisory Committee Quarterly/Annual Visitation Report

HENDERSON

Lodge At Mills River

Visit Date: Feb 19, 2018
Time Spent in Facility: 35 min
Arrival Time: 10:00 am

Name of Person Exit Interview was held with: Mike Adams, 305-267-9252
Interview was held on-Person □ Phone □ Admin. □ SC (Superintendent in Charge)

Other Staff Present: LOTTANTA - HEDSO (Name & Title)

Committee Members Present: 2 TEAM/S35 AM VISIT
LARRY BRENNER, BARBARA, TOM & TRAINEE

Number of Residents who received personal visits from committee members: 7

Resident Rights Information is clearly visible. □ Yes □ No
The most recent survey was readily accessible. □ Yes □ No
(Required for Nursing Homes Only)

Resident Profile

1. Do the residents appear neat, clean and odor free? □ Yes □ 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? □ Yes □ No
3. Did you see or hear residents being encouraged to participate in their care
   by staff members? □ Yes □ No
4. Were residents interacting w/ staff, other residents & visitors? □ Yes □ No
5. Did staff respond to or interact with residents who had difficulty
   communicating or making their needs known verbally? □ Yes □ No
6. Did you observe restraints in use? □ Yes □ No
7. If so, did you ask staff about the facility's restraint policies? □ Yes □ No

Resident Living Accommodations

8. Did residents describe their living environment as homelike? □ Yes □ No
9. Did you notice unpleasant odors in commonly used areas? □ Yes □ No
10. Did you see items that could cause harm or be hazardous? □ Yes □ No
11. Did residents feel their living areas were too noisy? □ Yes □ No
12. Does the facility accommodate smokers? □ Yes □ No
12a. Where? □ Outside only □ Inside only □ Both Inside & Outside.
13. Were residents able to reach their call bells with ease? □ Yes □ No
14. Did staff answer call bells in a timely & courteous manner? □ Yes □ No
14a. If no, did you share this with the administrative staff? □ Yes □ No

Resident Services

15. Were residents asked their preferences or opinions about the activities
   planned for them at the facility? □ Yes □ No
16. Do residents have the opportunity to purchase personal items of their
   choice using their personal needs funds? □ Yes □ No
16a. Can residents access their personal needs funds at their convenience?
   □ Yes □ No
17. Are residents asked their preferences about meal & snack choices?
   □ Yes □ No
17a. Are they given a choice about where they prefer to dine? □ Yes □ No
18. Do residents have privacy in making and receiving phone calls?
   □ Yes □ No
19. Is there evidence of community involvement from other civic, volunteer or
   religious groups? □ Yes □ No
20. Does the facility have a Resident’s Council? □ Yes □ No
   Family Council? □ Yes □ No

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next
visit? NONE

45 RESIDENTS / 50 CAPACITY
98.0 SANITATION SCORE
- 2 CERTIFICATES
POSITIVE FEEDBACK FROM RESIDENTS

BRIGHT & INVITING FACILITY
- NICE INTERIOR DECOR
- ATTENTIVE STAFF
- HIGH LEVEL NURSING/REHAB.
- CARE (NURC/RPT)
- SEVERAL SMALL CAFE EATING AREAS
- SEVERAL MENU CHOICES EACH DAY
- WELCOMING LANDSCAPING & PATIO AREA

Exit Summary

Discuss items from “Areas of Concern” section as well as any changes observed during the visit.

- NEED TO UPDATE NOTIFICATION SHEET

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.