### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** ⬜ Family Care Home  
**Facility Name:** The Lodge At Mills River  
**Visit Date:** 10/17/2017  
**Time Spent in Facility:** 45 min  
**Arrival Time:** 9:00 AM  
**Name of Person Exit Interview was held with:** Michael Salomone  
**Other Staff Rep:**  
**Committee Members Present:** Donna S: Annette G  
**Report Completed by:** C A Buddy Edwards

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

- Resident Rights Information is clearly visible. ☑️ Yes ☐ No
- The most recent survey was readily accessible. ☑️ Yes ☐ No
- Staffing information is posted. ☑️ Yes ☐ No

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**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 with 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

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**Comments & Other Observations**

- Sanitation 98  
- Kitchen 98

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**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

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**Comments & Other Observations**

- Wheel chair arm torn  
- Cannula not bagged

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**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 monthly needs funds? ☑️ Yes ☐ No
16a. Can residents access their monthly 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

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**Exit Summary**

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

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**Areas of Concern**

- Facility was clean as always gives a warm feeling upon entering.
- Receptionist was not at desk.. front left unattended

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*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.*