## Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Henderson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Type</td>
<td>- Family Care Home</td>
</tr>
<tr>
<td>Facility Name</td>
<td>Loose at Mills River</td>
</tr>
<tr>
<td>Visit Date</td>
<td>May 10, 2018</td>
</tr>
<tr>
<td>Time Spent in Facility</td>
<td>1 hr 20 min</td>
</tr>
<tr>
<td>Arrival Time</td>
<td>10:00 am</td>
</tr>
<tr>
<td>Name of Person Exit Interview was held with</td>
<td>Susan Business, Director of Administration</td>
</tr>
<tr>
<td>Interview was held</td>
<td>In-Person</td>
</tr>
<tr>
<td>Other Staff Present</td>
<td>Larry, Barbara, Tom</td>
</tr>
<tr>
<td>Committee Members Present</td>
<td>Larry, Barbara, Tom</td>
</tr>
<tr>
<td>Number of Residents who received personal visits from committee members</td>
<td>9</td>
</tr>
<tr>
<td>Resident Rights Information is clearly visible</td>
<td>Yes</td>
</tr>
<tr>
<td>The most recent survey was readily accessible</td>
<td>Yes</td>
</tr>
<tr>
<td>Staffing information is posted</td>
<td>Yes</td>
</tr>
<tr>
<td>Ombudsman contact information is correct and clearly posted</td>
<td>Yes</td>
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</tbody>
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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

### Resident Living Accommodations

8. Did residents describe their living environment as homelike? Yes | No
9. Did you notice unpleasant odors in common 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
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 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 Council? Yes | No
20a. Family Council? Yes | No

### Areas of Concern

- None

### Comments & Other Observations

- 46 residents/50 capacity
- 98.0 sanitation score
- New administrator focused on rehab services (PT, speech, OT)
- Very nicely appointed and decorated facility
- Facility performed daily 'call audits' - 45 sec to 1 minute standard
- Resident Council was in session
- Vast majority of residents & family appeared very satisfied
- Movies, wine, cheese activity
- Strong focus on therapeutic intervention

### Exit Summary

- Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
- None

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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.