**Community Advisory Committee Quarterly/Annual Visitation Report**

**County:** Henderson  
**Facility Type:** Adult Care Home  
**Family Care Home**  
**Facility Name:** The Lodge at Milla River

<table>
<thead>
<tr>
<th>Date (mm/dd)</th>
<th>8/9/18</th>
<th>Time Spent in Facility:</th>
<th>1 hr</th>
<th>0 min</th>
<th>Arrival Time:</th>
<th>10:00 am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Exit Interview held with</td>
<td>Matthew Graham, Administrator</td>
<td>Interview was held:</td>
<td>In-Person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>Admin.</td>
<td>SIC (Supervisor in Charge)</td>
<td>Other staff</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Committee Members Present:**
- Larry Koowichy
- Charlie McCurdy
- Sue Warden

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

Resident Rights Information is clearly visible: Yes

Ombudsman contact information is correct and clearly posted: Yes

Resident who most recently surveyed survey was readable: Yes

Staffing information is posted: Yes

### Resident Profile

1. Do the residents appear neat, clean and odor free? Yes
2. Did residents say they receive assistance with personal care activities? Yes
3. Did residents mention brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes
4. Did you receive or hear residents being encouraged to participate in activities with other residents? Yes
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes
6. Did you observe restraints in use? Yes

### Resident Living Accommodations

1. Did residents describe their living environment as homelike? Yes
2. Did you notice unpleasant odors in commonly used areas? Yes
3. Did residents feel their living areas were too noisy? Yes
4. Does the facility accommodate smokers? Yes

### Resident Services

1. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes
2. Do residents have the opportunity to purchase personal items? Yes
3. Can residents access their monthly needs funds at their convenience? Yes
4. Are residents asked their preferences about meal & snack times? Yes
5. Do residents have privacy in making and receiving phone calls? Yes
6. Is there evidence of community involvement from other civic, religious groups? Yes
7. Does the Facility have a Resident's Council? Yes

**Comments & Other Observations**

- Most residents in bed recuperating.
- Many doors were closed. Facility is short-term rehab with long-term care.
- 24-hour nursing is very clean and tidy.
- Staff helpful.

Sanitation rating is 98-99%.

Activity calendar was in each room and also electronically on a large TV screen in the hall.

### Dining Room

- Dining room was open seating.
- Daily menu arrives on each patient's breakfast tray.
- We met with Matthew Graham, Administrator, and mentioned the need for a better comment. He said the patient had never told the staff but he would check it out. However, the patient was leaving the next day.
- Mr. Graham said they were just starting to meet about upgrading some carpets and furniture. He is a new Admin. and very proactive and energetic.

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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.

IHS DOA-022/2004