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Community Advisory Committee Quarterly/Annual Visitation Report

County Henderson	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name The Lodge at Mills River
Visit date 11-16-2018	Time Spent in Facility 1 Hr. Min	Arrival Time Am 3 PM
Name of person Exit Interview was held with <u>Deborah Cartwright, Director of Nursing</u> (Name & Title)		
Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: Sue Warden, Charlie McCurdy, Sandra Rodriguez, Lynn Herget		Report completed by: Lynn Herget
Number of Residents who received personal visits from committee members: 8		
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 (Required for Nursing Homes Only)	Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Resident Profile		Comments and Other Observations
<ol style="list-style-type: none"> Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did residents say they receive assistance with personal care activities, ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p>Beautiful facility in Mills River, open since November of 2014. Very clean and bright. Corporate offices located on facility grounds behind the main building. Facility was at capacity when we visited. Had 50 residents, 36 of which were rehab clients and 14 that were long term. DON reports that rehab patients come from Pardee, Park Ridge, and Memorial Mission Hospitals. Average length of stay for rehab was 13 days. Facility had a 98.0 sanitation rating. Mathew Graham is the Administrator for the Sanstone Health facility. Deborah Cartwright is the Director of Nursing, who we spoke with at the close of our visit.</p> <p>Our team spoke with 8 residents, the majority of which were rehab, but also one resident who had lived out there for 3 years. Most were up and dressed. They appeared neat and well cared for. Halls were odor free.</p> <p>Residents are quick to report satisfaction with meals and timeliness of medication administration. They also stated that facility was quiet at night.</p> <p>We saw residents interacting with family and staff. Staff appeared attentive and pleasant.</p>	

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Resident Living Accommodations	Comments and Other Observations
<p>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>9.) No odors were detected.</p> <p>10.) Halls were clear.</p> <p>11.) Residents reported that facility was quiet at night.</p> <p>14.) Residents reported that staff answered call bells promptly and responded within a reasonable time.</p>
Residential Services	Comments and Other Observations
<p>15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>15. Residents reported being happy with activities offered. They were kept up to date on scheduled events by tv screen in hall, as well as a paper activity calendar in every room. During today's visit, the majority of residents were gathered together in common room to listen to a singing trio brought in from community to entertain them. They were invited to sing along.</p> <p>17.) Residents are not served snacks, but they are available to them from area where they are kept, any time they want them. Residents report that meals are good. And, dietary consultant states that the facility makes great effort to accommodate any individual dietary preferences. Residents that are unable to go to the dining room, are served in their room.</p> <p>20. DON stated that there is a monthly resident's council, in which family input is welcome.</p>

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Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Nothing noted.</p>	<p>Discuss items from "<i>Areas of Concern</i>" Section as well as any changes observed during the visit.</p> <p>Our team let DON know that we had no concerns.</p>