

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

County <b>HENDERSON</b>	Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <b>LANDINGS AT MILLS RIVER</b>
Visit date <b>8.21.18</b>	Time Spent in Facility Hr. <b>30</b> Min	Arrival Time Am <b>10:25</b> PM
Name of person Exit Interview was held with <b>JILL EATON</b> <b>DIRECTOR</b> (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: <b>DONNA SHELINE, ANNETTE GOETZ, SHERRY REID</b>		Report completed by: <b>SHERRY REID</b>
Number of Residents who received personal visits from committee members: <span style="float: right;">#?</span>		
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 type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	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"> <li>Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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</li> <li>Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p><b>NEW FACILITY.</b></p> <p><b>NO JANITATION RATINGS YET.</b></p> <p><b>CENSUS - 17</b></p> <p><b>CAPACITY - 65</b></p> <p><b>30 - MEMORY CARE</b></p> <p><b>35 - ASST'D LIVING</b></p> <p><b>RESIDENTS NICELY DRESSED;</b></p> <p><b>CHATTING IN LIVING ROOM</b></p> <p><b>STAFF - ATTENTIVE &amp; FRIENDLY TO RESIDENTS</b></p> <p><b>ALL PRIVATE PAY</b></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><i>NONE</i></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p><i>STAFFING INFO WILL BE POSTED.</i></p> <p><i>HOPED TO BE AT CAPACITY BY 11/30</i></p>