

# Community Advisory Committee Quarterly/Annual Visitation Report

County <b>Henderson</b>	Facility Type - Adult Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Combination Home <input type="checkbox"/>	Family Care Home <input type="checkbox"/>	Facility Name <b>The Lodge @ Mill River</b>
Visit Date <b>1/17/17</b>	Time Spent in Facility <b>1 hr 10 min</b>	Arrival Time <b>8:50 AM</b>	Interview was held with <b>Brittany Watson</b>
Phone	Admn. <input checked="" type="checkbox"/>	SIC (Supervisor in Charge) <input type="checkbox"/>	Other staff <input type="checkbox"/>

Committee Members Present: **Suddy Edwards, Annette Gaetz, Darlene Henson, Dawn Shubie** (Name(s))

Number of Residents who received personal visits from committee members: **12**

Resident Rights Information is clearly visible.  Yes  No

ombudsman contact information is correct and clearly posted.  Yes  No

On the most recent survey was readily accessible.  Yes  No

Staffing information is posted.  Yes  No

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Census 49</b>  <b>Facility Sanitation 98.0</b>  <b>Kitchen Sanitation 97.5</b></p>
Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <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 checked="" 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 checked="" type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Noted one eyelet some problems with call bells not within reach and delay in answering bell on specific shift</b>  <b>Saw multiple pill (medication) on pt. over bed table. Awaiting resident to take in room</b></p>
Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input checked="" type="checkbox"/> Both inside and outside	
3. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Resident Services	Comments & Other Observations
5. 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><b>Res: Foley bag on floor</b>  <b>No dignity cover.</b>  <b>CPAP &amp; nasal cannula not bagged.</b></p>
6. 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	
6a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is there evidence of community involvement from other civic, labor or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	