



COR 1

### 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 THE LANDINGS AT MILL RIVER
Visit date 3/12/2019	Time Spent in Facility 1 Hr. 0 Min	Arrival Time Am 1:05 PM
Name of person Exit Interview was held with <u>Melanie Smith, Assistant Director</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: L. HERGET, C. MCCURDY, S.RODRIGUEZ		Report completed by: S.RODRIGUEZ
Number of Residents who received personal visits from committee members: 11		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information is posted. <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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>		



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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>Continued incorrect contact information for Ombudsman.</p>	<p>Discuss items from "<b>Areas of Concern</b>" Section as well as any changes observed during the visit.</p> <p>Facility is at ~50% capacity with 14 in Memory Care and 18 in Assisted Living, of whom 3 are currently at a SNF. We were only able to speak with 2 residents on the AL side as the remainder had just left on an outing to the Baked Pie shop in the facility's new van. Staff-resident interactions on the Memory Care unit were respectful and caring.</p>