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# Community Advisory Committee Quarterly/Annual Visitation Report

County: **HENDERSON**

Facility Type:  Adult Care Home  Family Care Home  
 Combination Home  Nursing Home

Facility Name: **HERITAGE LODGE**

Visit Date: **8-15-14** Time Spent in Facility: **1** hr **5** min Arrival Time: **12** : **20** am  pm

Name of Person Exit Interview was held with: **RESIDENTIAL CARE DIRECTOR: WANDA LANNING (STANDING IN FOR PAT OSTEEN)**  
**MEMORY CARE PROGRAM ASSISTANT: WHITNEY MARVELS**

Interview was held:  In-Person  Other staff

Phone: **(828) 697-2585**

Title:  Check Box  Admn.  SIC (Supervisor in Charge)  Other staff

Committee Members Present: **KATHLEEN DUNN, BERNIE BRODSKY, MARTHA SACHS, AUBREY CARRUTH**

Report Completed by: **AUBREY CARRUTH**

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

Resident Rights Information is clearly visible.  Yes  No

Ombudsman contact information is correct and clearly posted.  Yes  No

The most recent survey was readily accessible.  Yes  No

Staffing information is posted.  Yes  No

*Required for Nursing Homes Only*

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>BECAUSE OF THE "SPECIAL CARE" Needs of these residents we noted considerable interaction with staff. - ALL of whom have extended &amp; continuing training in this growingly important area of dementia care.</b>
Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you see or hear residents being encouraged to participate in their care by staff members? <input 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? <b>RESTRAINT FREE</b> <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	<b>#BEDS: 24 #Beds Occupied: 23</b>

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>ACCOMODATIONS ARE designed FOR dementia residents. MORE "HOMELIKE" WITH A RELAXED, CALM, PLACID ENVIRONMENT FREE OF discord, noise, ANXIETY &amp; AGITATION. CLEANLINESS &amp; LACK OF CLUTTER NOTED.</b>
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	
Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>SANITATION SCORE: 97%</b>
Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>RESIDENTS COMPLETING LUNCH indicated the food was good. Activities are designed around residents' limited faculties and abilities. FOR EXAMPLE: MUSIC IN A VARIETY OF FORMS IGNITE STRONG PAST FEELINGS AND BEAUTIFUL MEMORIES OF YOUTH, FAMILY &amp; RELATIONSHIPS. THUS, SING-ALONGS, PIANISTS &amp; MOVIES CAN BE A DESIRABLE PALLIATIVE. HERITAGE LODGE IS A MODEL FOR ENLIGHTENED "SPECIAL CARE"</b>
Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Fire EXTINGUISHERS: **A-DK**

**NO AREAS OF CONCERN**

• OWNER EMERITUS HAS MERGED WITH BROOKDALE GROUP

• NC, STATE ADULT CARE RATING SYSTEM: **104.5 (4 STARS)**

