Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type:				Facility Name:
	X	Adult Care Home		Family Care Home	
Henderson		Combination Home		Nursing Home	The Lodge at Mills River

Visit Date		Time Spent in Facility	1	hr		min	Arrival Time	9	:	0 0		x	am		pr
01-19-16															

Person Exit Interview was held with: Michael Solomone	Interview was held	x	In-Person or Phone (Circle) in person

		SIC (Supervisor in Charge		Other Staff: (Name & Title) Cynthia Hogger - DON	

Committee Members Present: Donna Sheline, Buddy Edwards, Deanna McWilliams, Amy Grimm, Annette Goetz	Report Completed by: Annette Goetz

Number of Residents who received personal visits from committee members: 10

Resident Rights Information is clearly visible.	x	Y		N	**Ombudsman contact information is correct and clearly posted.**	x	Yes		No
The most recent survey was readily accessible. *(Required for Nursing Homes Only)*	x	Y		N	**Staffing information is posted.**	x	Yes		No

Resident Profile					Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	x	Yes		No	Census – 50/50
2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*	x	Yes		No	Sanitation – Facility 98 Dietary 97.5
3. Did you see or hear residents being encouraged to participate in their care by staff members?	x	Yes		No	
4. Were residents interacting w/ staff, other residents & visitors?	x	Yes		No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	x	Yes		No	
6. Did you observe restraints in use?		Yes	x	No	
7. If so, did you ask staff about the facility's restraint policies?		Yes		No	

Resident Living Accommodations Observations					Comments & Other
8.Did residents describe their living environment as homelike?	x	Yes		No	New, very well maintained facility.
9. Did you notice unpleasant odors in commonly used areas?		Yes	x	No	
10. Did you see items that could cause harm or be hazardous?		Yes	x	No	
11. Did residents feel their living areas were too noisy?		Yes	x	No	
12. Does the facility accommodate smokers?		Yes	x	No	

2a. Where? [ ] Outside only [ ] Inside only
[ ] Both Inside and Outside.

3. Were residents able to reach their call bells with ease?	[x] Yes	[ ] No	
4. Did staff answer call bells in a timely & courteous nanner?	[ ] Yes	[ ] No	No call bells engaged during our visit.
4a. If no, did you share this with the administrative staff?	[ ] Yes	[ ] No	

Resident Services			Comments & Other Observations
5. Were residents asked their preferences or opinions ıbout the activities planned for them at the facility?	[ ] Yes	[x] No	One incident where computer screen was opened and not cleared. Resident information exposed. Discussed with Direct during exit interview.
6. Do residents have the opportunity to purchase personal ıems of their choice using their monthly needs funds?	[x] Yes	[ ] No	
6a. Can residents access their monthly needs funds at heir convenience?	[x] Yes	[ ] No	
7. Are residents asked their preferences about meal & ınack choices?	[ ] Yes	[x] No	
7a. Are they given a choice about where they prefer to line?	[x] Yes	[ ] No	
8. Do residents have privacy in making and receiving ›hone calls?	[x] Yes	[ ] No	Most Rooms are Private
9. Is there evidence of community involvement from other ;ivic, volunteer or religious groups?	[x] Yes	[ ] No	
20. Does the Facility have a Resident's Council?	[x] Yes	[ ] No	

Areas of Concern	Exit Summary
\re there resident issues or topics that need follow-up or review at a later time ›r during the next visit? •	Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit. **We were curious about their patient identificatio process. Each patient has their picture on the Nurses lap top so they know they are administering needed care to the correct patient**