Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type - ☐ Family Care Home ☐ Adult Care Home ☐ Nursing Home ☑ Combination Home	Facility Name
Henderson		Lodge at Mill River
Visit Date 04/21/2015	Time Spent in Facility 1 hr 0 min	Arrival Time 11 : 30 ☑am ☐pm

Name of Person Exit Interview was held with Clint Davic (Name & Title) Interview was held ☑In-Person ☐Phone ☐Admn. ☐SIC(Supervisor in Charge) ☐Other Staff Rep

Committee Members Present: Denna Sheline, Annette Goetz

Report Completed by: C.A. Buddy Edwards

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

The most recent survey was readily accessible. ☑Yes ☐ No *(Required for Nursing Homes Only)*

Staffing information is posted. ☐ Yes ☑ No

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

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? ☑Yes ☐No **9.** Did you notice unpleasant odors in commonly used areas? ☐Yes ☑No **10.** Did you see items that could cause harm or be hazardous? ☐Yes ☑No **11.** Did residents feel their living areas were too noisy? ☐Yes ☑ No **12.** Does the facility accommodate smokers? ☐Yes ☐ No **12a.** Where? ☐ Outside only ☐ Inside only ☐ Both Inside & Outside. **13.** Were residents able to reach their call bells with ease? ☑Yes ☐ No **14.** Did staff answer call bells in a timely & courteous manner? ☑Yes ☐ No **14a.** If no, did you share this with the administrative staff? ☐ Yes ☐ No	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☑Yes ☐ No **16.** Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☐ Yes ☐ No **16a.** Can residents access their monthly needs funds at their convenience? ☐ Yes ☐ No **17.** Are residents asked their preferences about meal & snack choices? ☑ Yes ☐ No **17a.** Are they given a choice about where they prefer to dine? ☐ Yes ☐ No **18.** Do residents have privacy in making and receiving phone calls? ☑Yes ☐ No **19.** Is there evidence of community involvement from other civic, volunteer or religious groups? ☑Yes ☐ No **20.** Does the facility have a Resident's Council? ☐Yes ☐ No Family Council? ☐Yes ☐ No	very pleasant visit. New facility and appears to be very comfortable to residents and visitors

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? no	Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit.

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occupancy 46 total beds 50 Sanitation 98 minor complaint but quickly solves as it was nothing major] very nice facility well kept	

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