Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type - [ ] Adult Care Home [ ] Combination Home [ ] Family Care Home [✓] Nursing Home

Facility Name: The Lodge at Mills River

Visit Date: 1 / 20 / 15 | Time Spent in Facility: 1 hr 0 min | Arrival Time: 10:40 [ ] am [ ] pm

Name of Person Exit Interview was held with: April Hill, RN, DON

[ ] Phone [ ] Admn. [ ] SIC (Supervisor in Charge) [ ] Other staff | Interview was held [✓] In-Person

Rep

Committee Members Present: Buddy Edwards, Annette Goetz, Donna Sheline (Name & Title)

Report Completed by: Donna Sheline

Number of Residents who received personal visits from committee members: 14

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. (Required for Nursing Homes Only) [✓] Yes [ ] No

Staffing information is posted. [ ] Yes [✓] No

Resident Profile

Do the residents appear neat, clean and odor free?	[✓] Yes	[ ] No
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
Did you see or hear residents being encouraged to participate in their care by staff members?	[✓] Yes	[ ] No
Were residents interacting w/ staff, other residents & visitors?	[✓] Yes	[ ] No
Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	[✓] Yes	[ ] No
Did you observe restraints in use?	[ ] Yes	[✓] No
If so, did you ask staff about the facility's restraint policies?	[ ] Yes	[ ] No

Comments & Other Observations

Sanitation Inspection information not available. New Facility. Very Clean. Census @ 100% - 58 beds

Resident Living Accommodations

Did residents describe their living environment as homelike?	[✓] Yes	[ ] No
Did you notice unpleasant odors in commonly used areas?	[ ] Yes	[✓] No
Did you see items that could cause harm or be hazardous?	[ ] Yes	[✓] No
Did residents feel their living areas were too noisy?	[ ] Yes	[✓] No
Does the facility accommodate smokers?	[ ] Yes	[✓] No
2a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.		
Were residents able to reach their call bells with ease?	[✓] Yes	[ ] No
Did staff answer call bells in a timely & courteous manner?	[✓] Yes	[ ] No
4a. If no, did you share this with the administrative staff?	[ ] Yes	[ ] No

Comments & Other Observations

Non-smoking facility

Resident Services

Were residents asked their preferences or opinions about the activities planned for them at the facility?	[✓] Yes	[ ] No
Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	[✓] Yes	[ ] No
6a. Can residents access their monthly needs funds at their convenience?	[✓] Yes	[ ] No
Are residents asked their preferences about meal & snack choices?	[✓] Yes	[ ] No
7a. Are they given a choice about where they prefer to dine?	[✓] Yes	[ ] No
Do residents have privacy in making and receiving phone calls?	[✓] Yes	[ ] No
Is there evidence of community involvement from other civic, volunteer or religious groups?	[ ] Yes	[ ] No
Does the Facility have a Resident's Council?	[✓] Yes	[ ] No

Comments & Other Observations

This Document is a **PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.**
Top Copy is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.