

2018

Community Advisory Committee Quarterly/Annual Visitation Report

County <b>HENDERSON</b>	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <b>LODGE AT MILLS RIVER</b>
Visit Date <b>MAY 10, 2018</b>	Time Spent in Facility <b>1 hr 20 min</b>	Arrival Time <b>10:00</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <b>SUSAN, BUSINESS MGR</b>		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
<input checked="" type="checkbox"/> Other Staff Rep <b>SHANNON, REC SVCS</b> (Name & Title)		
Committee Members Present: <b>LARRY, BARBARA &amp; TOM</b>		Report Completed by: <b>TOM KEATING</b>
Number of Residents who received personal visits from committee members: <b>9</b>		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) <b>DID NOT CHECK THIS</b>		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 **THERAPY REGIMENS**
- 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**

**46 RESIDENTS / 50 CAPACITY**  
**98.0 SANITATION SCORE**  
**MAYMON GRAHAM, NEW ADMINISTRATOR**  
**FOCUSED ON REHAB SERVICES (PT, SPEECH, OT)**

**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 & 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
- 14a. If no, did you share this with the administrative staff?  Yes  No

**Comments & Other Observations**

**VERY NICELY APPOINTED & DECORATED FACILITY**  
**FACILITY PERFORMED DAILY 'CALL AUDITS' - 45 SEC TO 1 MINUTE STANDARDS**

**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
- 16a. Can residents access their monthly needs funds at their convenience?  Yes  No
- Are residents asked their preferences about meal & snack choices?  Yes  No **RESIDENTS SELECT FROM LISTING**
- 17a. 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  
Family Council?  Yes  No

**Comments & Other Observations**

**RESIDENT COUNCIL WAS IN SESSION**  
**VAST MAJORITY OF RESIDENTS & FAMILY APPEARED VERY SATISFIED**  
**MOVIES + WINE & CHEESE ACTIVITY**  
**STRONG FOCUS ON THERAPEUTIC INTERVENTION**

**Areas of Concern**

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  
**NONE**

**Exit Summary**

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.  
**NONE**

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.