

cg

## Community Advisory Committee Quarterly/Annual Visitation Report

|  |         |                                    |  |                                     |     |  |     |                     |   |  |    |   |                                     |    |  |                          |    |   |  |
|--|---------|------------------------------------|--|-------------------------------------|-----|--|-----|---------------------|---|--|----|---|-------------------------------------|----|--|--------------------------|----|---|--|
| <b>County:</b><br><b>HENDERSON</b>   |         | <b>Facility Type: Nursing Home</b> |  |                                     |     | <b>Facility Name:</b><br><b>The Lodge at Mills River</b> |     |                     |   |  |    |   |                                     |    |  |                          |    |   |  |
|  |         | Adult Care Home                    |  | Family Care Home                    |     |  |     |                     |   |  |    |   |                                     |    |  |                          |    |   |  |
|  |         | Combination Home                   |  | <input checked="" type="checkbox"/> |     |  |     |                     |   |  |    |   |                                     |    |  |                          |    |   |  |
| <b>Visit Date</b>  | 6.18.19 | <b>Time Spent in Facility</b>      |  | 1                                   | hr  | 0  | min | <b>Arrival Time</b> | 9 | :  | 55 |   | <input checked="" type="checkbox"/> | am |  | <input type="checkbox"/> | pm |   |  |
| <b>Person Exit Interview was held with: Debra Cartwright, D.O.N.</b>   |         |                                    |  |                                     |     |  |     |                     |   | <b>Interview was held</b>  |    | <input checked="" type="checkbox"/> <b>In-Person</b>                |                                     |    |  |                          |    |   |  |
|  |         | <b>SIC (Supervisor in Charge)</b>  |  |                                     |     | <b>Other Staff: (Name &amp; Title)</b>                   |     |                     |   |  |    |   |                                     |    |  |                          |    |   |  |
| <b>Committee Members Present:</b><br>L. Herget, C. McCurdy, S. Rodriguez   |         |                                    |  |                                     |     |  |     |                     |   | <b>Report Completed by: S. Rodriguez</b>                         |    |   |                                     |    |  |                          |    |   |  |
| <b>Number of Residents who received personal visits from committee members: 15</b>   |         |                                    |  |                                     |     |  |     |                     |   |  |    |   |                                     |    |  |                          |    |   |  |
| <b>Resident Rights Information is clearly visible.</b>   |         |                                    |  |                                     |     |  |     |                     |   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |    | <b>Ombudsman contact information is correct and clearly posted.</b> |                                     |    |  |                          |    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>  |         |                                    |  |                                     |     |  |     |                     |   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |    | <b>Staffing information is posted.</b>                              |                                     |    |  |                          |    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Resident Profile</b>  |         |                                    |  |                                     |     |  |     |                     |   | <b>Comments &amp; Other Observations</b>                         |    |   |                                     |    |  |                          |    |   |  |
| 1. Do the residents appear neat, clean and odor free?  |         |                                    |  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>                                 | 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? |         |                                    |  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>                                 | No  |                     |   |  |    |   |                                     |    |  |                          |    |   |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   |         |                                    |  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>                                 | No  |                     |   |  |    |   |                                     |    |  |                          |    |   |  |
| 4. Were residents interacting w/ staff, other residents & visitors?  |         |                                    |  | <input type="checkbox"/>            | Yes | <input type="checkbox"/>                                 | No  |                     |   |  |    |   |                                     |    |  |                          |    |   |  |
| 5. 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  |                     |   |  |    |   |                                     |    |  |                          |    |   |  |
| 6. Did you observe restraints in use?  |         |                                    |  | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/>                      | No  |                     |   |  |    |   |                                     |    |  |                          |    |   |  |
| 7. If so, did you ask staff about the facility's restraint policies?   |         |                                    |  | <input type="checkbox"/>            | Yes | <input type="checkbox"/>                                 | No  |                     |   |  |    |   |                                     |    |  |                          |    |   |  |

| Resident Living Accommodations   |                                     |     |                                     | Comments & Other Observations |   |
|--|-------------------------------------|-----|-------------------------------------|-------------------------------|---|
| 8. Did residents describe their living environment as homelike?  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No                            | No call bells activated during our visit. See exit interview.                           |
| 9. Did you notice unpleasant odors in commonly used areas?   | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No                            |   |
| 10. Did you see items that could cause harm or be hazardous?   | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No                            |   |
| 11. Did residents feel their living areas were too noisy?  | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No                            |   |
| 12. Does the facility accommodate smokers?<br>Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside. | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No                            |   |
| 13. Were residents able to reach their call bells with ease?   | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No                            |   |
| 14. Did staff answer call bells in a timely & courteous manner?<br>If no, did you share this with the administrative staff?  | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No                            |   |
|  | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No                            |   |
|  | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No                            |   |
|  | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No                            |   |
|  | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No                            |   |
|  | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No                            |   |
| Resident Services  |                                     |     |                                     | Comments & Other Observations |   |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No                            | <b>Majority of residents are here for short-term rehab., so this is not applicable.</b> |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br>Can residents access their monthly needs funds at their convenience?    | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No                            |   |
|  | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No                            |   |
| 17. Are residents asked their preferences about meal & snack choices?<br>Are they given a choice about where they prefer to dine?  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No                            |   |
|  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No                            |   |
|  | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No                            |   |
| 18. Do residents have privacy in making and receiving phone calls?   | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No                            |   |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No                            |   |
| 20. Does the Facility have a Resident's Council?   | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No                            |   |

**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?

One resident mentioned waiting a long time for a call bell to be answered during the night because 'there was only one person working'. Another resident mentioned a long wait during the night when it was shift change. These are similar concerns to those of the last visit to this facility.

Ombudsman information was correct, but listing for CAC was outdated.

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

D.O.N. stated that there were always 2 RNs and 2 CNAs working during the night shift. She will follow up with resident concerns about response times.

Otherwise, the team received an overall impression of satisfaction from all residents, with one resident reporting that she had been relieved to secure a bed at the Lodge for her second visit.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.

