

# Radius Residential Care Limited - Radius Lexham Park

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Radius Residential Care Limited

**Premises audited:** Radius Lexham Park

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 25 June 2015 End date: 25 June 2015

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 61

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

Radius Lexham Park is part of the Radius Residential Care Group. Lexham Park cares for up to 63 residents requiring hospital (including two acute GP beds) and rest home level care. On the day of the audit there were 61 residents including one acute GP resident.

The facility manager has many years of management experience. She has been at the service since 2008 and is supported by a clinical manager who has been in the role for three years and the Radius regional manager.

Residents and family interviewed spoke positively about the service provided.

The one previous shortfall has been addressed around transcribing. This audit has identified improvements required around documenting indications for use for as required medications and aspects of wound management.

The service continues to exceed the standard around activities and the environment

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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There is an open disclosure and interpreters policy that staff understand. There is a complaints policy supporting practice and an up to date register. Staff interviews confirmed an understanding of the complaints process.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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There are organisational wide processes to monitor performance. There is a quality system that is being implemented in line with the quality plan. Staff and quality/health and safety meetings are used to monitor quality activities such as audit, complaints, health and safety, infection control and restraint. There is an adverse event reporting system implemented and monthly data collection monitors predetermined indicators. There are implemented human resource processes. The annual education programme is provided and records of attendance are maintained. There is a documented rationale for staffing the service. Staffing rosters were sighted and staff on duty match needs of different shifts.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Registered nurses are responsible for care plan development with input from residents and family. Residents receive appropriate care to meet their assessed needs. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. The activities programme is comprehensive and meets the individualised needs of residents. Medications are managed and administered in line with legislation and current regulations. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		All standards applicable to this service fully attained with some standards exceeded.
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There is a current building warrant of fitness.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There is a documented definition of restraint and enablers that aligns with the definition in the standards. There are four residents requiring restraint and four residents with enablers. Enabler use is voluntary.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Lexham Park has an infection control programme that complies with current best practice. Infection control surveillance is established that is appropriate to the size and type of services. There is a defined surveillance programme with monthly reporting by the infection control coordinator.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	2	12	0	2	0	0	0
<b>Criteria</b>	2	37	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Residents and relatives interviewed, were familiar with the complaints procedure and state all concerns/complaints are addressed.</p> <p>The complaints log/register includes date of incident, complainant, summary of complaint and sign off as complete. There have been five complaints in 2015 to date. Corrective action plans had been implemented following complaints where these have been required. All had documentation of full investigation and resolution including communication with complainants documented for all complaints.</p> <p>A complaints procedure is provided to residents within the information pack at entry.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>There is an open disclosure policy. There are bi monthly resident/relative meetings facilitated by an independent advocate allowing residents/relatives to raise issues. Relatives (one from the rest home and five from the hospital) and residents (two from the hospital and three from the rest home) interviewed stated they were welcomed on entry and were given time and explanation about services and procedures.</p> <p>Ten incident reports reviewed (May 2015) all recorded family notification. All relatives interviewed confirmed they are notified of any changes in their family member's health status. The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not</p>



		covered by the agreement. The facility has an interpreter policy to guide staff in accessing interpreter services.
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Radius Lexham Park is part of the Radius Residential Care Group. The service provides care for up to 63 residents requiring hospital (including two acute GP beds) and rest home level care. On the day of the audit there were 19 residents receiving rest home level care and 42 receiving hospital level care including four younger persons with disabilities, one on a palliative care contract and one resident in an acute GP bed.</p> <p>The facility manager has been in the role since 2008 and is supported by a clinical manager of three years and the Radius regional manager. The organisation provides annual conferences for their managers and annual regional conferences. The manager and clinical manager have completed more than eight hours of training annually relating to the management of a hospital. The manager reports monthly to the regional manager on a range of operational matters in relation to Lexham Park including strategic and operational issues, incidents and accidents, complaints, health and safety.</p> <p>There is a 2015 business plan with specific goals for Lexham Park and achievement toward 2014 goals has been documented.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The quality system continues to be implemented at Lexham Park. Interviews with four healthcare assistants (HCA's) and one registered nurse confirmed that quality data is discussed at monthly staff and registered staff meetings. There is also a monthly SQIRM (safety, quality, infection control and restraint) meeting where all quality data and indicators are discussed. Minutes of these meetings are made available to all staff.</p> <p>There are policies and procedures appropriate for service delivery including falls management and wound management. Policy manuals are reviewed two yearly. New/updated policies are sent from head office.</p> <p>Monthly reports by the facility manager to the regional manager are provided on service indicators. Radius benchmarks its own facilities against predetermined indicators that are reported monthly from facilities. The service collects internal monitoring data (internal audits) with the audit schedule being implemented at Lexham Park by the clinical manager. Quality improvement data such as incidents/accidents, hazards, internal audit, infections are collected and analysed/evaluated at the SQIRM meeting. Corrective action plans were developed for all audits where there has been less than 95% conformity.</p> <p>D19.3 There is implemented risk management, and health and safety policies and procedures in place</p>

		<p>including accident and hazard management.</p> <p>D19.2g: Falls prevention strategies are implemented such as aggregating data monthly that includes considering time of occurrence.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accident/incident reporting and open disclosure policy/procedure. Month by month indicator data is collected including (but not limited to): falls (no injury, soft tissue, and fractures), skin tears, and medication and pressure areas. Monthly aggregation of data is undertaken (monthly summary's sighted) and outcomes are discussed at all meetings - SQIRM, staff and registered staff meetings.</p> <p>Ten incident forms sampled evidence investigations following incidents. Incident forms sampled where there has been a head injury have been followed up with neuro-obs.</p> <p>The healthcare assistants and the registered staff interviewed could describe the process for management and reporting of incidents and accidents.</p> <p>Discussions with the service (regional manager and facility manager) confirmed an awareness of the requirement to notify relevant authorities (DHB) in relation to essential notifications.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Recruitment, selection and appointment of staff policy is in place and implemented. Five staff files were reviewed and evidenced that performance appraisals were up to date. Current practicing certificates are kept on file. All appropriate human resource documentation was completed on files sampled.</p> <p>Lexham Park has an orientation programme that is specific to worker type and includes manual handling, health and safety in service and competency testing. In all five staff files reviewed there was a record that an orientation had been completed.</p> <p>The service has an internal training programme directed by head office. The training programme has exceeded eight hours in 2014 and is being implemented for 2015. All sessions include a quiz, which is used at Lexham Park to embed information from the sessions provided.</p> <p>Registered nurse (RN) competencies include hand washing, manual handling, restraint, medication and syringe driver. A tracking process is in place to monitor training and competency requirements.</p>
<p><b>Standard 1.2.8: Service Provider</b></p>	FA	<p>The acuity and clinical staffing ratio policy in place includes a documented rationale for staffing the</p>

<p>Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>service. Staffing rosters were sighted and staff on duty match needs of different shifts. The clinical manager (registered nurse) works full time.</p> <p>The healthcare assistants, enrolled nurse and registered nurses interviewed stated that there is adequate staffing to manage their workload on any shift including the additional four rooms in the dementia unit. There is a registered nurse on duty 24 hours per day in addition to the manager and clinical manager Monday to Friday.</p> <p>Residents and relatives interviewed confirmed that there are sufficient staff on site.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>Medications are checked against the doctor's medication profile on arrival from the pharmacy by an RN. Any mistakes by the pharmacy are regarded as an incident.</p> <p>Designated staff are listed on the medication competency register which shows signatures/initials to identify the administering staff member. One registered nurse and one healthcare assistant were observed safely and correctly administering medications.</p> <p>Ten resident medication charts sampled were identified with demographic details and photographs. The medication fridges had weekly temperature checks conducted. All 10 medication charts had allergies (or nil known), documented.</p> <p>All medications sighted were stored appropriately.</p> <p>There is one rest home resident who self-administers medication. A competency assessment has been completed.</p> <p>Ten of 10 medication charts reviewed identified that the GP had seen and reviewed the resident three monthly and the medication chart was signed. All ten medication charts indicate medication is being administered as prescribed. Two of ten medication charts document the indication for giving the as required medication. All eye drops were dated on opening.</p> <p>The service has addressed the previous audit findings around transcribing.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component</p>	<p>FA</p>	<p>The service has a large workable kitchen. The kitchen and the equipment are well maintained. The service employs sufficient kitchen staff to provide meal services over seven days a week. There is a rotating four weekly menu in place that is designed by a dietitian. Diets are modified as required. There is a choice of foods and the kitchen can cater to specific requests if needed.</p> <p>Food safety information and a kitchen manual is available in the kitchen. Food served on the day of</p>

<p>of service delivery.</p>		<p>audit was hot and well presented.</p> <p>The residents interviewed spoke positively about meals provided and they all stated that they are asked by staff about their food preferences.</p> <p>The service has a process of regular checking of food in both the fridge and freezers to ensure it is disposed of when use by date expires. All food is stored and handled safely. Food temperatures are recorded. The kitchen is clean. Kitchen staff have been trained in safe food handling.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>Wound care plans, infection control plans, diabetes specific plans, fluid balance management plans and pain management plans were evident in files sampled. The use of short term care plans were evident in files sampled. In all files sampled the residents were receiving care that meets all their needs. The GP interviewed stated the facility applied changes of care advice immediately and was complementary about the quality of service delivery provided. Residents' needs are assessed prior to admission and resident's primary care is provided by the facility GPs unless the resident chooses another GP.</p> <p>Dressing supplies are available and a treatment room is stocked for use.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management.</p> <p>Specialist continence advice is available as needed.</p> <p>Wound assessment and wound management plans are in place for 11 residents with wounds. There is evidence in files of the wound specialist referrals. Wound care is completed within timeframes in 10 out of 11 wounds reviewed. One wound management plan included multiple wounds.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>CI</p>	<p>The recreational coordinator has worked at the service for six years. There are two additional activity officers who work in the facility across both service levels. All recreation/activities assessments and reviews were up to date in files sampled. On the day of audit, residents were observed being actively involved with a variety of activities in the main lounge and throughout the facility. Residents files sampled had a comprehensive assessment completed over the first few weeks after admission including a complete history of past and present interests, career and family.</p> <p>Activities are age appropriate and have been comprehensively planned. Activities provided are meaningful and reflect ordinary patterns of life.</p> <p>All residents and family members interviewed stated that activities are appropriate and varied and</p>

		<p>spoke positively about the programme.</p> <p>The service continues to exceed the standard around activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Five of five initial care plans in files sampled were reviewed by an RN within three weeks of admission and care plans were evaluated at least six monthly or if there is a change in health status. There was a three monthly review by the GP in files sampled. Changes in health status were documented and followed up. GP's reviewed residents medication at least monthly or three monthly (depending on the stability of the resident) and when requested if issues arise or health status changes.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	CI	<p>The building has a current building warrant of fitness. There is a maintenance person that is available on call for facility matters. Planned and reactive maintenance systems are in place. All electrical equipment has been tested and tagged. Clinical equipment has had functional checks/calibration annually. Hot water temperatures have been tested and recorded weekly with corrective actions for temperatures outside of the acceptable range.</p> <p>Corridors are wide in all areas to allow residents to pass each other safely. There is safe access to all communal areas and outdoor areas. There is outdoor seating and shade.</p> <p>The service continues to exceed the standard around the environment provided.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance of infection data assists in evaluating compliance with infection control practices. Infections are collated monthly - including urinary tract, upper respiratory and skin. This data is reported to the SQIRM meetings and also to staff and registered staff meetings. Monthly data was seen in staff areas. The service submits data monthly to Radius head office where benchmarking is completed.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service philosophy around restraint is that it is used as an intervention that requires a rationale and is regarded as a last intervention when all other interventions or calming/defusing strategies have not worked.</p> <p>There is a regional restraint group at the organisational level and a SQIRM at the facility where restraint is reviewed.</p> <p>There are four residents with enablers and four with restraints. Enabler use is voluntary as</p>

		demonstrated in the two files sampled for residents with enablers.
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## Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.6</p> <p>Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.</p>	PA Low	All ten medication charts sampled indicated that medication is being administered as prescribed. Two of ten medication charts document the indication for giving the as required medication.	Eight out of 10 medication charts sampled do not have indications for use recorded for ‘as required’ medications.	<p>Ensure that all ‘as required’ medications charted have documented indications for use.</p> <p>60 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	Ten of 11 wounds had completed wound assessments and care plans and documented timely review of wounds.	a) One out of 11 wound care plans assessed have not been reviewed within specified timeframes; b) one wound assessment reviewed included four wounds in one assessment form.	<p>Ensure that all wounds are reviewed within specified timeframes and that each wound is documented on an individual assessment form.</p> <p>60 days</p>





## Specific results for criterion where a continuous improvement has been recorded

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As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>The activities programme continues to offer the extra activities using the iPads for cognitive function, socialisation, entertainment and reduction of boredom.</p>	<p>The service continues to exceed the standard around activities. Since October 2012, the Katikati Rotary club has funded iPad's for residents in the facility. In April 2013 four iPads were bought for the facility. This meaningful activity continues. The activity coordinator and activities staff make contact each day with residents. Residents choose activities they wish to participate in. The iPads are used by residents for cognitive function, socialisation, entertainment and reduction of boredom. The iPads are used to take photos of local events where the residents participate in, and then share the photos through the TV in the main lounge for other residents and visitors to see (e.g., recent local classic cars show, as shared on the day of the audit). One on one time is spent with residents who are unable or choose not to participate in group activities. The iPads are shared and each resident that is willing to use it has designated time to use an iPad. There is external tuition available for the use of iPads provided by a community volunteer. The volunteer teaches and helps residents to find places, socialise with people and play games of their choice. The tuition is offered one to one and is available on a weekly basis. Broadband and Wi-Fi facilities are available for residents to use within the home. They use the iPads for Skype, crosswords, search engines, education and entertainment. The residents interviewed continue to use the iPads as a tool to socialise, keep entertained and maintain cognitive functions. One rest home resident interviewed (link tracer 1.3.3) reported the use of the iPad as having provided socialisation and stimulation and has improved well-being.</p>

<p>Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.</p>	<p>CI</p>	<p>The Lexham Park staff and manager survey residents including the facility environment and the environment is discussed at resident meetings. Ongoing improvements are made to meet resident and family suggestions and provide a more homelike environment.</p> <p>The environment at Lexham Park continues to offer appropriate indoor and outdoor areas appropriate for the residents and reminiscing</p>	<p>Lexham Park has continued to implement a number of new initiatives for improvements to the building including those in relation to resident and family feedback. Residents and family interviewed all commented positively around the environment and the services responsiveness around making improvements. Improvements since the previous audit have included (but are not limited to) providing abundant artwork to provide visual interest and stimulations that is by both nationally recognised and local artists and providing an aquarium in the east wing lounge and the west wing library to provide visual stimulation for more sedentary residents and development of a family area. This replicates a home kitchen living area and has a kitchenette (tea and coffee making facilities), a fridge, kitchen table and chairs and a small lounge area with a sofa and a television. This room has access to an outdoor table and chairs. The design of this space allows for intimate gatherings for family and residents to share as they would if they were in their own home environment. There is also a larger private space for family visits, which includes a dining space to share food.</p> <p>The residents and families interviewed stated that the facility, outdoor and indoor areas, the art and overall setting is appropriate to their age and era.</p>

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End of the report.