

Community Advisory Committee Quarterly/Annual Visitation Report

County:
Buncombe

Facility Type:	
<input checked="" type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home
<input checked="" type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home

Facility Name:
Mayflower

Visit Date	Jun 9, 2017	Time Spent in Facility	hr	20	min	Arrival Time	10	:	0	:	0		<input checked="" type="checkbox"/>	am		pm
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Person Exit Interview was held with:	Interview was held	<input checked="" type="checkbox"/>	In-Person or Phone (Circle) in person
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Evet Trantham			
	<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)	Other Staff: (Name & Title)

Committee Members Present: Bob Tomasulo & Jeri Hahner	Report Completed by: Bob Tomasulo
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Number of Residents who received personal visits from committee members: 10+									
Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	Ombudsman contact information is correct and clearly posted. updated by Ruth Price on day of visit	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Staffing information is posted.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations Observations	Comments & Other
8. Did residents describe their living environment	

as homelike?

9. Did you notice unpleasant odors in commonly used areas?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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Non smoking facility

10. Did you see items that could cause harm or be hazardous?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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11. Did residents feel their living areas were too noisy?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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12. Does the facility accommodate smokers?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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12a. Where? [x] Outside only [] Inside only [] Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14. Did staff answer call bells in a timely & courteous manner?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14a. If no, did you share this with the administrative staff?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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
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16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Facility was very clean and well maintained.

16a. Can residents access their monthly needs funds at their convenience?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17. Are residents asked their preferences about meal & snack choices?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17a. Are they given a choice about where they prefer to dine?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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18. Do residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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20. Does the Facility have a Resident's Council?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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?

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

- **Name tags are not used consistently by all staff - administrator was advised and will follow up**
- **One resident voiced concern about clothing locker - administrator was aware and will follow up**

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| <ul style="list-style-type: none">• Advocate noted that individual attention given to "hair care" of an individual resident - very positive• Advocates commented that residents appear happy in their environment | |
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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.