**Community Advisory Committee Quarterly/Annual Visitation Report**

**County:** Buncombe  
**Facility Type:**  
- Adult Care Home  
- Family Care Home  
- Combination Home  
- Nursing Home  
**Facility Name:** Mayflower

**Visit Date:** Jun 9, 2017  
**Time Spent in Facility:** hr 20 min  
**Arrival Time:** 10:00 x am

**Person Exit Interview was held with:**  
**Interview was held**  
- In-Person or Phone (Circle) In person

**Event Trantham**

<table>
<thead>
<tr>
<th>x</th>
<th>SIC (Supervisor in Charge)</th>
<th>Other Staff: (Name &amp; Title)</th>
</tr>
</thead>
</table>

**Committee Members Present:**  
Bob Tomasulo & Jeri Hahner

**Report Completed by:**  
Bob Tomasulo

**Number of Residents who received personal visits from committee members:** 10+

**Resident Rights Information is clearly visible.**  
- X Y N

**Ombudsman contact information is correct and clearly posted. Updated by Ruth Price on day of visit.**  
- X Yes No

**The most recent survey was readily accessible. (Required for Nursing Homes Only)**  
- Y N

**Staffing information is posted.**  
- X Yes No

**Resident Profile**

1. Do the residents appear neat, clean and odor free?  
- X Yes 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?*  
- X Yes No

3. Did you see or hear residents being encouraged to participate in their care by staff members?  
- X Yes No

4. Were residents interacting w/ staff, other residents & visitors?  
- X Yes No

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  
- X Yes No

6. Did you observe restraints in use?  
- Yes X No

7. If so, did you ask staff about the facility's restraint policies?  
- Yes X No

**Resident Living Accommodations Observations**

8. Did residents describe their living environment?  
- X Yes No

**Comments & Other Observations**

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*Note: The page contains a series of questions and observations regarding the visit, with checkboxes and yes/no answers to assess various aspects of the facility's operations and the residents' well-being.*
9. Did you notice unpleasant odors in commonly used areas?

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

11. Did residents feel their living areas were too noisy?

12. Does the facility accommodate smokers?
12a. Where? [ x ] Outside only [ ] Inside only [ ] Both Inside and Outside.

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

14. Did staff answer call bells in a timely & courteous manner?
14a. If no, did you share this with the administrative staff?

<table>
<thead>
<tr>
<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Were residents asked their preferences or opinions about the activities planned for them at the facility?</td>
<td>Facility was very clean and well maintained.</td>
</tr>
<tr>
<td>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</td>
<td></td>
</tr>
<tr>
<td>16a. Can residents access their monthly needs funds at their convenience?</td>
<td></td>
</tr>
<tr>
<td>17. Are residents asked their preferences about meal &amp; snack choices?</td>
<td></td>
</tr>
<tr>
<td>17a. Are they given a choice about where they prefer to dine?</td>
<td></td>
</tr>
<tr>
<td>18. Do residents have privacy in making and receiving phone calls?</td>
<td></td>
</tr>
<tr>
<td>19. Is there evidence of community involvement from other civic, volunteer or religious groups?</td>
<td></td>
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<tr>
<td>20. Does the Facility have a Resident's Council?</td>
<td></td>
</tr>
</tbody>
</table>

**Areas of Concern**

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.</td>
</tr>
</tbody>
</table>

- **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**
- Advocate noted that individual attention given to "hair care" of an individual resident - very positive
- Advocates commented that residents appear happy in their environment

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.

DHHS DOA-022/2004