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

**County:** Buncombe  
**Facility Type:**  
- Adult Care Home  
- Family Care Home  
- Combination Home  
- Nursing Home  
**Facility Name:** Maycock Center  
**Visit Date:** 12-6-18  
**Time Spent in Facility:** 1 hr - 0 min  
**Arrival Time:** 3:30 pm  
**Name:** Frances Conte  
**Phone:**  
**Committee Members Present:**  
- MARIONE LATTA  
- MARY ADAMS  
**Report Completed by:** LATTA, ADAMS  
**Number of Residents who received personal visits from committee members:** 6  
**Resident Rights Information is clearly visible.** Yes No  
**Ombudsman contact information is correct and clearly posted.** Yes No  
**The most recent survey was readily accessible.** Yes No  
**Staffing information is posted.** Yes No

### Resident Profile

1. Do the residents appear neat, clean and odor free? 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? Yes No  
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No  
4. Were residents interacting with staff, other residents & visitors? Yes No  
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No  
6. Did you observe restraints in use? Yes No  
7. If so, did you ask staff about the facility's restraint policies? Yes No

### Resident Living Accommodations

8. Did residents describe their living environment as homelike? Yes No  
9. Did you notice unpleasant odors in commonly used areas? Yes No  
10. Did you see items that could cause harm or be hazardous? Yes No  
11. Did residents feel their living areas were too noisy? Yes No  
12. Does the facility accommodate smokers? Yes No  
13. Where? [ ] Outside only  [ ] Inside only  [ ] Both Inside and Outside. Yes No  
14. Were residents able to reach their call bells with ease? Yes No  
14a. If no, did you share this with the administrative staff? Yes No

### Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No  
16. 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  
17. Are residents asked their preferences about meal & snack choices? Yes No  
17a. Are they given a choice about where they prefer to dine? Yes No  
18. Do residents have privacy in making and receiving phone calls? Yes No  
19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No  
20. Does the Facility have a Resident's Council? Yes No

**Comments & Other Observations**

- Mixed ages and abilities in this facility. They were active and involved in the community. One resident said she was happy there because they gave her little jobs (help with Bingo etc.) to do to get her interest.
- Laundry was open and a bottle of clothes cleaner left out. This was corrected right away.
- (We were in the hall) Resident called for (Bathroom) and we waited 1.30 min for it to be answered.
- They have gotten a group "Incompas Home Health" with Roger Bolino to come in and interact with Residents. Very effective.
- Good and drinks available 24-7 – sap. coffee
- Lions Club very involved
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
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<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 &quot;Areas of Concern&quot; Section as well as any changes observed during the visit.</td>
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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.

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