

COMMUNITY ADVISORY COMMITTEE QUARTERLY VISITATION REPORT

County <i>Buncombe</i>	Date <i>Sept 4, 2015</i>	Facility Name <i>Mayflower Senior Care, Inc.</i>		
Number of Residents Visited: <i>6</i>	Length of Visit: ___ hour <i>30</i> min	Facility Type <input checked="" type="checkbox"/> Adult Care Home (ACH) <input type="checkbox"/> Family Care Home (FCH) <input type="checkbox"/> Nursing Home (NF)		
Report Completed by: <i>Claudia Sherry</i>				
Other Members Present: <i>Barbara Mayer, John Bernhardt</i>				
Exit Review Conducted With: <i>Yvette Trantham</i>	Title: <i>Administrator</i>	RLTCO Office Use Only: <input type="checkbox"/> Reviewed <input type="checkbox"/> Entered in ODIS <input type="checkbox"/> cc: Facility <input type="checkbox"/> cc: DSS (ACH only)		
Posted	Residents Rights	Ombudsman Contact	Staffing Information	Survey Results (NH only)
Yes	<i>X</i>	<i>X</i>	<i>X</i>	
No		<i>Gave them new sheet</i>		

WHAT RESIDENTS REPORT DURING INTERVIEW	YES	NO	ADDITIONAL INFORMATION
Are you aware you have rights as a resident here?			<i>6 residents / 3 w/ dementia</i> <i>All 70 yrs + up</i> <i>Many activities: Drive to track + walk around it; Coloring; Bingo; Bible Study; boat trip coming up (Lake Julian); Mary Kay rep coming next day to give facials!</i> <i>- Did not ask</i> <i>- Observed</i> <i>"Pretty quiet."</i> <i>- Use baby monitors</i> <i>- Food "excellent." "I put on 30 lbs. when I first came!"</i>
Do you feel treated with respect, consideration, dignity, and privacy as a resident here?	<i>X</i>		
Are you able to make complaints/suggestions without fear of retaliation?			
Are you free from mental and physical abuse?			
Do you know what to do if you are mistreated here?			
Is your personal/medical information kept confidential?			
Are you asked for input with planned activities?			
Do you enjoy the activities offered by the facility?	<i>X</i>		
Is your personal care provided in a way you like?			
Do you receive a response to your requests?			
Can you access your personal needs funds when requested? If no, why?			
Does the home encouraged personalization of your room?	<i>X</i>		
Do you feel safe and secure here?	<i>X</i>		
Do you feel the home is too noisy? If so, when and where?			
Are you permitted to smoke here? If so, are you aware of the smoking policy?	<i>X</i>		
Can you reach the call bell?			
Does staff answer your call bell timely?			
Do they ask what you prefer to eat?			
Do you get to <i>seat</i> where you like during meals? <i>→ sp-sit</i>			

WHAT CAC MEMBERS OBSERVE	Yes	No	OBSERVATIONS
Residents appear neat, clean and odor free?	<i>X</i>		<i>Very clean house - bedrooms cheerful + so clean + neat. Lots of plants; fresh flowers on dining table + bowl of apples</i>
Residents are up and out of bed/room and socializing?	<i>X</i>		
Staff interact respectfully with residents who have difficulty communicating or making needs known.	<i>X</i>		
Call bells/lights appear to be accessible and answered timely.	<i>X</i>		
Staff support residents' right to privacy and dignity.	<i>X</i>		

AREAS OF CONCERN	EXIT REVIEW SUMMARY
	Summarize exit review. Note issues requiring follow-up.

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This is a beautifully cared-for home with very happy, secure residents. As we were riding together in the car and debriefing after we left, we decided that Yvette Trantham deserved to receive one of the new Land of Sky certificates of appreciation. Barbara Mayer had one in the car, so she filled it out, we all signed it, and we drove back to deliver it to Yvette in person. She was deeply touched to receive it, and the residents were excited about it as well. She said, "I'm going to frame this... I'm going to frame this right now." Thank you for providing these certificates. It is a small but meaningful way to recognize individuals who do such hard work with care and patience and joy.