

Community Advisory Committee Quarterly/Annual Visitation Report

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| County: MOORE | Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home | Facility Name/Address: Saint Joseph of the Pines 105 Gossman Drive Southern Pines NC 28387 |
| Visit Date: 01 /09 / 25 | Spent 2hour 10 min | Arrival time: 10 : 00 X am pm |
| Name of person exit interview was held with: Raymond <i>Estevés</i> X Admin. <input type="checkbox"/> SIC (Supervisor in Charge) Other Staff Rep. | | Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title) Raymond |
| Committee Members Present: Jim DeKornfeld, Suanne Lafollette-Black, Jean Childers, Sandy Nusbaun | | Report Completed by: Jean Childers |
| Number of Residents who received personal visits from committee members: 8 | | |
| Resident Rights Information is clearly visible: X Yes <input type="checkbox"/> No | | Ombudsman Contact Info is correct and clearly posted: X Yes <input type="checkbox"/> No |
| The most recent survey was readily accessible: X Yes <input type="checkbox"/> No (Required for Nursing Homes Only) | | Staffing information clearly posted: X Yes <input type="checkbox"/> No |

| Resident Profile | Yes/No/NA | Comments/Other Observations |
|---|-----------|--|
| 1. Do the residents appear neat, clean and odor free? | Yes | One resident said this was the cleanest rehab facility she had ever been |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> | Yes | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | N/A | |
| 4. Were residents interacting with staff, other residents & visitors? | Yes | |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | Yes | |
| 6. Did you observe restraints in use? | No | |
| 7. If so, did you ask staff about the facility's restraint policies? | | |

| Resident Living Accommodations | Yes/No/NA | Comments/Other Observations |
|--|-----------|--------------------------------|
| 8. Did residents describe their living environment as homelike? | N/A | |
| 9. Did you notice unpleasant odors in commonly used areas? | No | |
| 10. Did you see items that could cause harm or be hazardous? | Yes | Med cart drawers were unlocked |
| 11. Did residents feel their living areas were too noisy? | N/A | |
| 12. Does the facility accommodate smokers? | No | Only staff allowed to smoke |
| Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside | | |
| 13. Were residents able to reach their call bells with ease? | Yes | |
| 14. Did staff answer call bells in a timely & courteous manner? | No | Shared @ exit interview |
| If no, did you share this with the administrative staff? | | |

| Resident Services | Yes/No/NA | Comments/Other Observations |
|---|-----------|---|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | N/A | |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? | N/A | We observed vending machines |
| 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? | Yes | Residents are asked about their preferences but when it was before them, they did not know what it was and neither did we |
| 18. Do residents have privacy in making and receiving phone calls? | N/A | |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | Yes | |

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| County: Moore | Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home/rehab <input type="checkbox"/> Adult Care Home | Facility Name/Address: Pinehurst Health/Rehab Center 300 Blake Blvd Pinehurst, NC 28374 |
| Visit Date: 2 / 17 / 25 | Time spent in facility: hr 45 min | Arrival time: 12:55: <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| Name of person exit interview was held with: Misty Linder-Morris Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> | | |
| Phone-910-295-6158 <input type="checkbox"/> X Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. Administrator- MLinder@Liberty-LTC.com (Name & Title) | | |
| Committee Members Present Jim DeKornfeld, Suzanne LaFollette-Black, Pat Smith: | | Report Completed by: Suzanne LaFollette-Black |

Number of Residents who received personal visits from committee members: **5**

Resident Rights Information is clearly visible: ☒ Yes ☐ No Ombudsman Contact Info is correct and clearly posted: ☒ Yes ☐ No

The most recent survey was readily accessible: ☐ X Yes ☐ No (Required for Nursing Homes Only) Staffing information clearly posted: ☒ Yes ☐ No

| Resident Profile | Yes/No/NA | Comments/Other Observations |
|---|-----------|--|
| 1. Do the residents appear neat, clean and odor free? | Y | 72 Medicaid residents No veteran benefits residents |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> | Y | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | Y | |
| 4. Were residents interacting with staff, other residents & visitors? | Y | |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | Y | |
| 6. Did you observe restraints in use? | N | |
| 7. If so, did you ask staff about the facility's restraint policies? | | |
| Resident Living Accommodations | Yes/No/NA | Comments/Other Observations |
| 8. Did residents describe their living environment as homelike? | Y | Patio outside dining room-Seven patients smoke |
| 9. Did you notice unpleasant odors in commonly used areas? | N | |
| 10. Did you see items that could cause harm or be hazardous? | N | |
| 11. Did residents feel their living areas were too noisy? | N | |
| 12. Does the facility accommodate smokers? Where? <input checked="" type="checkbox"/> X Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside | Y | |
| 13. Were residents able to reach their call bells with ease? | Y | |
| 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff? | Y | |
| Resident Services | Yes/No/NA | Comments/Other Observations |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | Y | Activity calendar posted for February |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? | Y Y | Business manager has cash box for residents up to \$70 per month |
| 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? | Y | Meals posted with options |
| 18. Do residents have privacy in making and receiving phone calls? | Y | |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | Y | |

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| 20. Does the facility have a Resident's Council? Family Council? | Y | Meet third Weds of month at 2:00pm in Activity room |
| Areas of Concern | Yes/No/NA | Exit Summary |
| Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Residents and Staff were very appreciative of the CAC/AARP delivering Cupid Crew goody bags on Feb. 14,2025 | No | Discuss items from "Areas of Concern" Section as well as any changes observed during the visit |

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|---|--|--|
| County: MOORE | Facility Type: <input type="checkbox"/> Family Care Home x Nursing Home <input type="checkbox"/> Adult Care Home | Facility Name/Address: Quail Haven |
| Visit Date: 01 /16 / 25 | Spent 1hour 10 min | Arrival time: 12 : 00 <input type="checkbox"/> am X pm |
| Name of person exit interview was held with: Miranda Thomas <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) X Other Staff Rep. | | Interview was held: X in Person <input type="checkbox"/> Phone (Name & Title) Director of Nursing |
| Committee Members Present: Jim DeKornfeld, Suanne Lafollette-Black, Jean Childers <i>Patricia Smith</i> | | Report Completed by: Jean Childers |
| Number of Residents who received personal visits from committee members: 8 | | |
| Resident Rights Information is clearly visible: X Yes <input type="checkbox"/> No | | Ombudsman Contact Info is correct and clearly posted: X Yes <input type="checkbox"/> No |
| The most recent survey was readily accessible: X Yes <input type="checkbox"/> No (Required for Nursing Homes Only) | | Staffing information clearly posted: X Yes <input type="checkbox"/> No |

| Resident Profile | Yes/No/NA | 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 with 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?

Yes

N/A

N/A

Yes

No

No

Resident was hearing impaired and needed staff to interact with white board

| Resident Living Accommodations | Yes/No/NA | Comments/Other Observations |
|--------------------------------|-----------|-----------------------------|
|--------------------------------|-----------|-----------------------------|

8. Did residents describe their living environment as homelike?
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?
Where? ☐ Outside only ☐ Inside only ☐ Both Inside/Outside
13. Were residents able to reach their call bells with ease?
14. Did staff answer call bells in a timely & courteous manner?
If no, did you share this with the administrative staff?

No

No

No

N/A

Yes

N/A

Only staff allowed to smoke

| Resident Services | Yes/No/NA | Comments/Other Observations |
|-------------------|-----------|-----------------------------|
|-------------------|-----------|-----------------------------|

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?
Can residents access their monthly needs funds at their convenience?
17. Are residents asked their preferences about meal/snack choices?
Are they given a choice about where they prefer to dine?
18. Do residents have privacy in making and receiving phone calls?
19. Is there evidence of community involvement from other civic, volunteer or religious groups?
20. Does the facility have a Resident's Council?
Family Council?

Yes

N/A

Yes

N/A

Yes

Yes

Residents are asked about their preferences but when it was before them, they did not know what it was and neither did we

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|--|--|--|
| County: Moore | Facility Type: <input type="checkbox"/> Family Care Home xNursing Home <input checked="" type="checkbox"/> Adult Care Home | Facility Name/Address: Penick Health and Rehab, 500 E. Rhode Island Ave, Southern Pines, N.C. |
| Visit Date: 01 /08 / 25 | Time spent in facility: 1 hr 5 min | Arrival time: 10:00: X am <input type="checkbox"/> pm |
| Name of person exit interview was held with: Janelle Reynolds <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. | | Interview was held: X <input type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title) |
| Committee Members Present Vicki Hancock, Rachel Brower, Grace Anderson | | Report Completed by: Grace Anderson |
| Number of Residents who received personal visits from committee members: 4 | | |
| Resident Rights Information is clearly visible: X <input type="checkbox"/> Yes <input type="checkbox"/> No | | Ombudsman Contact Info is correct and clearly posted: X <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The most recent survey was readily accessible: X <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) | | Staffing information clearly posted: X <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Resident Profile | Yes/No/NA | Comments/Other Observations |
|---|------------|--|
| 1. Do the residents appear neat, clean and odor free? | Y | |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> | Y | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | N/A | |
| 4. Were residents interacting with staff, other residents & visitors? | N | |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | N/A | |
| 6. Did you observe restraints in use? | N | |
| 7. If so, did you ask staff about the facility's restraint policies? | N/A | |
| Resident Living Accommodations | Yes/No/NA | Comments/Other Observations |
| 8. Did residents describe their living environment as homelike? | Y | |
| 9. Did you notice unpleasant odors in commonly used areas? | N | |
| 10. Did you see items that could cause harm or be hazardous? | Y/N | A mechanical room door was unlocked. |
| 11. Did residents feel their living areas were too noisy? | N | |
| 12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside | N | |
| 13. Were residents able to reach their call bells with ease? | Y | |
| 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff? | N/A | Did not encounter a resident waiting for care. |
| Resident Services | Yes/No/NA | Comments/Other Observations |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | Y | |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? | N/A N/A | |
| 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? | Y | There is a very detailed menu with options. |
| 18. Do residents have privacy in making and receiving phone calls? | Y | Private phones. |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | Y | |
| 20. Does the facility have a Resident's Council? Family Council? | Y | |
| Areas of Concern | Yes/No/NA | Exit Summary |

Are there resident issues or topics that need follow-up or review at a later time or during the next visit? The skilled nursing wing is in need of repair and update. Remodeling is in process and is scheduled to be completed by July 2025. It is totally out of sync with the rest of Penick.

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

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|---|--|---|
| County: Moore | Facility Type: <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home | Facility Name/Address: Savannah House, 128 N. Carlisle St Southern Pines, N.C. 28387 <div style="text-align: center; font-size: 1.5em;">5</div> |
| Visit Date: 01 /21 / 25 | Time spent in facility: hr 45 min | Arrival time: 11:30: <input checked="" type="checkbox"/> am <input type="checkbox"/> pm |
| Name of person exit interview was held with: Sharonda Savannah, <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. | | Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title) |
| Committee Members Present: Rachel Bower, Vicki Hancock, Grace Anderson | | Report Completed by: Grace Anderson |
| Number of Residents who received personal visits from committee members: 1 | | |
| Resident Rights Information is clearly visible: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Ombudsman Contact Info is correct and clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) | | Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Resident Profile | Yes/No/NA | Comments/Other Observations |
|--|-----------|----------------------------------|
| 1. Do the residents appear neat, clean and odor free? | y | 3 residents at the time of visit |
| 2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? | n/a | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | n/a | |
| 4. Were residents interacting with staff, other residents & visitors? | y | |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | n/a | |
| 6. Did you observe restraints in use? | n | |
| 7. If so, did you ask staff about the facility's restraint policies? | n | |

| Resident Living Accommodations | Yes/No/NA | Comments/Other Observations |
|--|-----------|-----------------------------|
| 8. Did residents describe their living environment as homelike? | n/a | |
| 9. Did you notice unpleasant odors in commonly used areas? | n | |
| 10. Did you see items that could cause harm or be hazardous? | y | |
| 11. Did residents feel their living areas were too noisy? | n | |
| 12. Does the facility accommodate smokers? | n/a | |
| Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside | | |
| 13. Were residents able to reach their call bells with ease? | n/a | |
| 14. Did staff answer call bells in a timely & courteous manner? | | |
| If no, did you share this with the administrative staff? | n/a | |

| Resident Services | Yes/No/NA | Comments/Other Observations |
|---|-----------|-----------------------------|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | n/a | |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | n/a | |
| Can residents access their monthly needs funds at their convenience? | | |
| 17. Are residents asked their preferences about meal/snack choices? | n | |
| Are they given a choice about where they prefer to dine? | | |
| 18. Do residents have privacy in making and receiving phone calls? | n | |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | N | |
| 20. Does the facility have a Resident's Council? | N | |
| Family Council? | | |

| Areas of Concern | Yes/No/NA | Exit Summary |
|------------------|-----------|--------------|
| | N | |

Are there resident issues or topics that need follow-up or review at a later time or during the next visit? The day we visited they were preparing for a weather event the next day. Ms. Savannah was in Contact with the county emergency response team. Our main concern was how dark it was in the home. We had to use the flash light on our phones to read items posted. Menu and boiler inspections were out of date. There appeared to be limited menu items.

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

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|--|--|---|
| County: Moore | Facility Type: m/c <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home | Facility Name/Address: Seven Lakes Assisted Living and Memory Care, 292 MacDougal Dr., West End, N.C, 27376 |
| Visit Date: 02 / 18 / 25 | Time spent in facility: 1 hr 10 min | Arrival time: 11:35: <input checked="" type="checkbox"/> am <input type="checkbox"/> pm |
| Name of person exit interview was held with: Shaneshia Darkins <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. | | Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone |
| Committee Members Present: Rachel Bower, Grace Anderson | | Report Completed by: Grace Anderson |

Number of Residents who received personal visits from committee members: 4

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|--|---|
| Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) | Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No <i> census 39 m/c 21</i> |

| Resident Profile | Yes/No/NA | Comments/Other Observations |
|---|-----------|---|
| 1. Do the residents appear neat, clean and odor free? | y/n | One resident appeared dressed for the day but stated that is what she slept in. |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> | n/a | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | n | |
| 4. Were residents interacting with staff, other residents & visitors? | y | |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | n/a | |
| 6. Did you observe restraints in use? | n | |
| 7. If so, did you ask staff about the facility's restraint policies? | n | |

| Resident Living Accommodations | Yes/No/NA | Comments/Other Observations |
|---|-----------|--|
| 8. Did residents describe their living environment as homelike? | n | M/C living room Room with oxygen tanks was not locked |
| 9. Did you notice unpleasant odors in commonly used areas? | y | |
| 10. Did you see items that could cause harm or be hazardous? | Y | |
| 11. Did residents feel their living areas were too noisy? | n | |
| 12. Does the facility accommodate smokers? Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside | y | |
| 13. Were residents able to reach their call bells with ease? | y | |
| 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff? | y | |

| Resident Services | Yes/No/NA | Comments/Other Observations |
|---|------------|---|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | n | Limited menu with option of PB&J But limited involvement from outside. |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? | n/a n/a | |
| 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? | n | |
| 18. Do residents have privacy in making and receiving phone calls? | y | |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | y | |
| 20. Does the facility have a Resident's Council? Family Council? | y | |

| Areas of Concern | Yes/No/NA | Exit Summary |
|------------------|-----------|--------------|
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Living room in M/C was just nasty. Trash on floor, water proof pads on furniture. Wet sofa, likely source of odor. Residents were all in dining room eating. Staff did go to clean up prior to our departure.

y

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit The menu items need to be addressed there were not positive comments on the food. More alternatives need to be available.

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|---|--|---|
| County: Moore | Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home Rehab | Facility Name/Address: The Greens at Pinehurst 205 Rattlesnake Trail, Pinehurst, N.C. 28374 |
| Visit Date: 02 / 18/ 25/ | Time spent in facility: 1 hr 20 min | Arrival time: 10:00 x am <input type="checkbox"/> pm |
| Name of person exit interview was held with: Howard Staples <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. | | Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title) |
| Committee Members Present: Rachel Bower, Grace Anderson | | Report Completed by: Grace Anderson |
| Number of Residents who received personal visits from committee members: 6 | | |
| Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| The most recent survey was readily accessible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) | | Staffing information clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| Resident Profile | Yes/No/NA | Comments/Other Observations |
|---|-----------|-----------------------------|
| 1. Do the residents appear neat, clean and odor free? | Y | Current census 87 |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> | y | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | y | |
| 4. Were residents interacting with staff, other residents & visitors? | y | |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | n/a | |
| 6. Did you observe restraints in use? | n | |
| 7. If so, did you ask staff about the facility's restraint policies? | n | |

| Resident Living Accommodations | Yes/No/NA | Comments/Other Observations |
|---|-----------|---|
| 8. Did residents describe their living environment as homelike? | y/n | |
| 9. Did you notice unpleasant odors in commonly used areas? | Y | Odors in the 200 & 300 halls |
| 10. Did you see items that could cause harm or be hazardous? | Y | The 100 hallway was cluttered, equipment and carts on both sides of the hall. |
| 11. Did residents feel their living areas were too noisy? | n/a | |
| 12. Does the facility accommodate smokers? Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside | y | |
| 13. Were residents able to reach their call bells with ease? | y/n | There was one room the call bell was not accessible. |
| 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff? | y/n | There was an urgent bell going off that was not answered until we spoke to staff. |

| Resident Services | Yes/No/NA | Comments/Other Observations |
|---|-----------|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | y | Activity calendar has lots of options. |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? | n/a | |
| 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? | y | All residents eat in the dining room unless they are sick. |
| 18. Do residents have privacy in making and receiving phone calls? | y | |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | y | Church services and veteran organizations have a breakfast for the veterans. |
| 20. Does the facility have a Resident's Council? Family Council? | y | |

| Areas of Concern | Yes/No/NA | Exit Summary |
|------------------|-----------|--------------|
|------------------|-----------|--------------|

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|---|--|---|
| <p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Check call bell activity during visit.</p> | | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> |
|---|--|---|

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|--|--|---|
| County: Moore | Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home m/c | Facility Name/Address Brookdale ACH/MC 17 Regional Drive Pinehurst, N.C. 28374 |
| Visit Date: 2 /26 / 25 | Time spent in facility: hr 45 min | Arrival time: 1:00 <input type="checkbox"/> am x pm |
| Name of person exit interview was held with: Toni Lanni <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. | | Interview was held: X in Person <input type="checkbox"/> Phone (Name & Title) Executive Director |
| Committee Members Present: Rachel Bower, Grace Anderson | | Report Completed by: Grace Anderson |
| Number of Residents who received personal visits from committee members: 4 | | |
| Resident Rights Information is clearly visible: X Yes <input type="checkbox"/> No | | Ombudsman Contact Info is correct and clearly posted: X Yes <input type="checkbox"/> No |
| The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) | | Staffing information clearly posted: <input type="checkbox"/> Yes X No |

| Resident Profile | Yes/No/NA | Comments/Other Observations |
|---|-----------|--|
| 1. Do the residents appear neat, clean and odor free? | Y | We saw very little interaction with staff. |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> | y | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | n | |
| 4. Were residents interacting with staff, other residents & visitors? | y/n | |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | n/a | |
| 6. Did you observe restraints in use? | N | |
| 7. If so, did you ask staff about the facility's restraint policies? | n/a | |
| Resident Living Accommodations | Yes/No/NA | Comments/Other Observations |
| 8. Did residents describe their living environment as homelike? | y | Mechanical room on the 100 hall open and laundry room open. These are a potential issue as memory care residents have been moved to regular rooms. See note. |
| 9. Did you notice unpleasant odors in common areas? | n | |
| 10. Did you see items that could cause harm or be hazardous? | Y | |
| 11. Did residents feel their living areas were too noisy? | n | |
| 12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside | y | |
| 13. Were residents able to reach their call bells with ease? | n/a | |
| 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff? | n/a | |
| Resident Services | Yes/No/NA | Comments/Other Observations |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | Y | A menu, with options, is posted. However, staff takes meal orders every morning from each resident. We observed one resident with her meat from breakfast still on her table after lunch. She did say she did not like the food. Resident is over 100. |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? | n/a | |
| 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? | y | |
| 18. Do residents have privacy in making and receiving phone calls? | y | |

| | |
|---|---|
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | y |
| 20. Does the facility have a Resident's Council? Family Council? | y |

| Areas of Concern | Yes/No/NA | Exit Summary |
|---|-----------|---|
| <p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>M/C was flooded in January and in the process of being repaired. This is to be completed by this Friday and residents moved back in.</p> <p>A staff member told us they found the flooding issue, from burst pipe, when she was going into the unit at 3:00 am and a trash can floated out.</p> | | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>We tried to determine if any staff was in the unit at the time. The answer we were given was more staff, than usual, on premises due to bad weather.</p> |

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Community Advisory Committee Quarterly/Annual Visitation Report

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|---|---|---|
| County: Moore | Facility Type: X Nursing Home X Adult Care Home | Facility Name/Address: Peak Resources Pinelake, 801 Pinehurst Avenue, Pinehurst, NC 28374 |
| Visit Date: 1/21/2025 | Time spent in facility: 1 hr | Arrival time: 10:05 am |
| Name of person exit interview was held with: Thad Morgan, Administrator | | Interview was held: in Person |
| Committee Members Present: Vicki Hancock, Grace Anderson, Rachel Brower | | Report Completed by: Vicki Hancock |
| Number of Residents who received personal visits from committee members: 8 | | |
| Resident Rights Information is clearly visible: Yes | | Ombudsman Contact Info is correct and clearly posted: Yes |
| The most recent survey was readily accessible: Yes (Required for Nursing Homes Only) | | Staffing information clearly posted: Yes |

| Resident Profile | Yes/No/NA | Comments/Other Observations |
|---|-----------|--|
| 1. Do the residents appear neat, clean and odor free? | Y | One resident and one relative of a resident observed that communication with staff can be problematic, especially during shift changes, when residents have to express their needs repeatedly. Another resident said it was hard for him to determine who on staff is responsible to address various concerns and questions. |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> | NA | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | Y | |
| 4. Were residents interacting with staff, other residents & visitors? | Y | |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | Y | |
| 6. Did you observe restraints in use? | N | |
| 7. If so, did you ask staff about the facility's restraint policies? | NA | |
| Resident Living Accommodations | Yes/No/NA | Comments/Other Observations |
| 8. Did residents describe their living environment as homelike? | N | Accommodation for multiple languages is available, a nice resource. |
| 9. Did you notice unpleasant odors in commonly used areas? | Y | Strong urine smell in 400 hallway, strong stale odor immediately inside Memory Care unit, strong varnish odor at back of Memory Care unit. |
| 10. Did you see items that could cause harm or be hazardous? | N | Very consistent presence of call bells. Residents commented that, with few exceptions during dressing for bedtimes, staff generally respond quickly to call bells. One resident commented that when staff have been delayed, they checked in to be sure her call was not urgent. |
| 11. Did residents feel their living areas were too noisy? | N | |
| 12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside | N | |
| 13. Were residents able to reach their call bells with ease? | Y | |
| 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff? | NA N | |
| Resident Services | Yes/No/NA | Comments/Other Observations |

| | | |
|--|-----------|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | N | Screens installed throughout the facility share a multitude of information. The main, large screen near the center and front of the facility rotates slides quickly (about 2 seconds each) through detailed information that is impossible to read quickly enough to be informative. |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? | NA NA | Residents had been receiving meals in their rooms for the previous two weeks due to concerns about the spread of influenza. Group activities had also been canceled. Two residents spoke about wanting to return to the dining room and to activities like BINGO. |
| 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? | Y Y | Monthly Food Council |
| 18. Do residents have privacy in making and receiving phone calls? | Y | |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | Y | |
| 20. Does the facility have a Resident's Council? Family Council? | Y NA | |
| Areas of Concern | Yes/No/NA | Exit Summary |
| Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <ul style="list-style-type: none"> - Administrator and Director of Nursing explained the urine smells were associated with specific residents who had toileting issues - When asked about flu precautions, especially since we three CAC visitors were unaware, Administrator said there was a notice in the front reception area. We didn't see it. - Staff responsibilities: Administrator said that lists are posted in various locations at the facility and residents receive a printed list to keep. - Administrator spoke at length about how difficult staffing is, now many hourly staff don't want to work and are not conscientious about their work. He was emphatic about how well his facility pays workers compared to hospital staff and that a number of staff have worked there for many years (e.g., he and the Director of Nursing). He also wants to bring maintenance and food service in-house (away from corporate) to save money and to use local resources. | Y | Discuss items from "Areas of Concern" Section as well as any changes observed during the visit |

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Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Two medicine carts (100 and 300 hallways) were unlocked.

One resident's visitor observed that residents who have regular visitors receive consistently better treatment than those who do not have regular visitors.

A resident's son told us that when his mother moved to the facility just over one year before, a shortage of supplies forced him to order essential medical items for his mother using his personal funds. After several months, the supply problem was resolved.

Few tables in dining room – where do residents eat?

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

Administrator assured that she would attend to the unlocked medicine carts.

Administrator had not heard about residents w/out visitors being treated differently than those with visitors. Since we did not observe this directly, we simply shared the information.

Administrator confirmed the supply shortage story and that it has been resolved.

Administrator observed that up to about a dozen residents eat in the dining room during any given meal, and that there are several tables used for their meals.

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Community Advisory Committee Quarterly/Annual Visitation Report

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|--|---|--|
| County: Moore | Facility Type: Assisted living/Memory Care | Facility Name/Address: Magnolia Gardens 594 Murray Hill Rd Southern Pines, NC 28387 |
| Visit Date: 2/17/25 | Time spent in facility: 1 hr 20 min | Arrival time: 2:20 pm |
| Name of person exit interview was held with: Debbie Ogburn X Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. | | Interview was held: X in Person (Name & Title) Debbie Ogburn - President |
| Committee Members Present: Patricia Smith and Jim DeKornfeld | | Report Completed by: Jim DeKornfeld |

Number of Residents who received personal visits from committee members: 6

Resident Rights Information is clearly visible: Yes

Ombudsman Contact Info is correct and clearly posted: Yes

The most recent survey was readily accessible: ☐ Yes ☐ No

Staffing information clearly posted: No

(Required for Nursing Homes Only) N/A

| Resident Profile | Yes/No/NA | Comments/Other Observations |
|---|-----------|--|
| 1. Do the residents appear neat, clean and odor free? | Y | In Memory Care there was a urine odor, but an employee mopped the area very quickly. Some of the employees were very satisfied, there were several though that were very dissatisfied. Two residents said they had contacted Carolyn and were very satisfied with her involvement. |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> | ? | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | Y | |
| 4. Were residents interacting with staff, other residents & visitors? | Y | |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | N/A | |
| 6. Did you observe restraints in use? | N | |
| 7. If so, did you ask staff about the facility's restraint policies? | N | |

| Resident Living Accommodations | Yes/No/NA | Comments/Other Observations |
|---|---------------------------------|---|
| 8. Did residents describe their living environment as homelike? | Y | In one room the call bell was resting on a walker, but not easily accessible. |
| 9. Did you notice unpleasant odors in commonly used areas? | As noted above | |
| 10. Did you see items that could cause harm or be hazardous? | One utility closet was unlocked | |
| 11. Did residents feel their living areas were too noisy? | N | |
| 12. Does the facility accommodate smokers? Where? Outside only | Y | |
| 13. Were residents able to reach their call bells with ease? | For the most part | |
| 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff? | N/A | |

| Resident Services | Yes/No/NA | Comments/Other Observations |
|---|------------|-----------------------------|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | N/A | |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? | Y Y | |
| 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? | Y | |

| | |
|---|-----------------------|
| 18. Do residents have privacy in making and receiving phone calls? | N/A |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | Y |
| 20. Does the facility have a Resident's Council? Family Council? | Resident's Council |

| Areas of Concern | Yes/No/NA | Exit Summary |
|---|-----------|---|
| <p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Two residents had complaints that they brought to Carolyn's attention and both were satisfied with her involvement. In one room there was concern that the resident was being physically mistreated. The Administrator had a camera installed in the room to raise the comfort level of the family members.</p> | | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> |

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Community Advisory Committee Quarterly/Annual Visitation Report

| County: Moore | | Facility Type: Adult Care Home Assisted Living | Coventry 103 Gossman Dr Southern Pines, NC28387 |
|---|-------------------------------------|---|---|
| Visit Date: 1/9/25 | Time spent in facility: 1 hr 15 min | | Arrival time: 12:20 am |
| Name of person exit interview was held with: Danielle Purcell, RN Administrator Interview was held: In Person | | | |
| Committee Members Present: Sandy Nussbaum, Jean Childers, Pat Smith | | | Report Completed by: Jim DeKornfeld |
| Number of Residents who received personal visits from committee members: 8 | | | |
| In Memory Care there were 12 residents and 14 beds, in Assisted Living there were 42 residents and 50 beds. | | | |
| Resident Rights Information is clearly visible: Yes | | Ombudsman Contact Info is correct and clearly posted: Yes | |
| The most recent survey was readily accessible: Yes (Required for Nursing Homes Only) | | Staffing information clearly posted: Yes | |
| Resident Profile | | Yes/No/NA | Comments/Other Observations |
| 1. Do the residents appear neat, clean and odor free? | | y | |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> | | y | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | | y | |
| 4. Were residents interacting with staff, other residents & visitors? | | y | |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | | y | |
| 6. Did you observe restraints in use? | | N | |
| 7. If so, did you ask staff about the facility's restraint policies? | | N | |
| Resident Living Accommodations | | Yes/No/NA | Comments/Other Observations |
| 8. Did residents describe their living environment as homelike? | | Y | Completely Non-smoking |
| 9. Did you notice unpleasant odors in commonly used areas? | | N | |
| 10. Did you see items that could cause harm or be hazardous? | | N | |
| 11. Did residents feel their living areas were too noisy? | | N | |
| 12. Does the facility accommodate smokers? | | N | |
| 13. Were residents able to reach their call bells with ease? | | Y | |
| 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff? | | N/A | |
| Resident Services | | Yes/No/NA | Comments/Other Observations |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | | Y | |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? | | Y N/A | |
| 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? | | Y | |
| 18. Do residents have privacy in making and receiving phone calls? | | N/A | |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | | Y | |
| 20. Does the facility have a Resident's Council? Family Council? | | Y N | |

| Areas of Concern | Yes/No/NA | Exit Summary |
|---|-----------|---|
| <p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Not at this time. The facility was very clean, and fresh. Residents had nothing but good things to say.</p> <p>One observation is that the med carts have a white board over them identifying the AM and PM med tech with the cart. The residents can know who is giving them meds and the med techs have a better sense of "ownership" of their carts.</p> | | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>Ms. Purcell is fairly new to the job, but seems to have a very good vision of what direction she wishes to go with the facility.</p> |

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