

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Assisted Living & Memory Care	Facility Name/Address Magnolia Gardens 594 Murray Hill RD Southern Pines, NC 28387
Visit Date: May 14, 2025	Time spent in facility: 1hr 10 minutes	Arrival time: 1045
Exit Interview with: Debbie Ogburn, President; Kimberly Phifer, Asst Director, HR; Shelia Orr, Asst Director, Business Office		
Committee Members Present: Patricia Smith, Jim DeKornfeld		Report Completed by: Patricia Smith
Number of Residents who received personal visits from committee members: 7		
Resident Rights Information is clearly visible: Yes	Ombudsman Contact Info is correct and clearly posted: Yes	
The most recent survey was readily accessible: N/A (Required for Nursing Homes Only)	Staffing information Nursing Home clearly posted: Yes	

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	
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	All residents voiced concern about short staffing. Residents concerned that assistance took too long
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Observed in Memory Care but not Assisted Living
4. Were residents interacting with staff, other residents & visitors?	Yes	There was rare staff interaction in assisted living except bedside care.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	No	Not observed
6. Did you observe restraints in use?	No	
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?	Yes	Residents had a few personal items but rooms were institutional in nature.
9. Did you notice unpleasant odors in commonly used areas?	Yes	Memory Care male residents using planters and floor by doors as urinals per President
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	Yes	
12. Does the facility accommodate smokers? Where? Outside only X Inside only Inside/Outside	No	
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes	It was difficult to find staff for entry into Memory Care

Resident Services		Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	Residents council participates in activity selection
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?	Yes	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes	Preference list given at breakfast
Do residents have privacy in making and receiving phone calls?	Yes	All patients observed had cell phones in assisted living
18. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Church and service groups visit residents
19. Does the facility have a Resident's Council? Family Council?	Yes	Meets in June
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?	Yes	<p>Two residents complained about disrespectful staff behavior by one housekeeper. Discussed at exit interview. Admin stated it was being delt with through suspension of housekeeper.</p> <p>Two residents complained about bed bugs and inadequate extermination proceess. Admin described 3 week process being used to exterminate bed bugs. Process sounded in-depth and thorough.</p> <p>All residents interviewed complained about menu...too much chicken being served. See attached menu which was discussed at exit. Admin conceded menu should be typed or more legible.</p> <p>There are many residents who have been at facility for 15 yrs or more. They have formed a cohesive support group with a sense of humor.</p>

This Document is **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form. (1/21/2020)

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type Nursing Home and Rehab	Facility Name/Address The Greens at Pinehurst 205 Rattlesnake Trail Pinehurst, N C 28374
Visit Date: 05/22/2025	Time spent in facility: one hour	Arrival time: 10:10 am
Name of person exit interview was held with Howard Staples		Interview was in person following day, not available on day of visit, in a meeting.
Committee Member Present: Grace Anderson and Rachel Brower		Report Completed by: Rachel Brower
Number of Residents who received personal visits from committee members: six (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 (Required for Nursing Homes Only)		Staffing information Nursing Home clearly posted: yes

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	NA	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
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?	NA	
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?	No	Two residents stated they were ready to go home. Others satisfied with care.
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	Yes	Found medicine cabinet drawers open. Room where oxygen tanks stored wide open. One hall pools of water on floor. Employee in room mopping floor, yet no caution sign used to let people know to be careful of wet floor.
11. Did residents feel their living areas were too noisy?		Another resident demonstrated the instability of his bed handrail. Stated has requested several times to staff that it be stabilized. Since he uses it to lift himself up. Would like staff to "look in" on him from time to time to see if he is O K.
12. Does the facility accommodate smokers? Where? Outside only X Inside only Inside/Outside	Yes	Supervised hours for the Smoking Area is posted on the exit door to the area.
13. Were residents able to reach their call bells with ease?	Yes	

14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes/No	Most stated staff came immediately when called, had no problem. Two residents had issues with their lack of promptness. One stated could wait up to an hour for response. Noticed while in facility call bell that rang repeatedly for several minutes, without anyone attending to the caller.
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?	Yes	Activity board full of various activities, posted in prominent place, typed with reasonably large font for convenience of residents.
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?	Yes Yes	Business office keeps funds for the residents. Funds are available upon request.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes	An alternate meal plan is available, upon request.
Do residents have privacy in making and receiving phone calls?	Yes	
18. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
19. Does the facility have a Resident's Council? Family Council?	Yes No	Poor attendance at Family Council meetings.
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?		Yes, handrail issue with one resident. Administrator confirmed medicine cabinets should always be locked. The Custodial staff should use "Caution signs" at all times for everyone's safety. He will check on the handrail issue and correct, if possible. Will ask staff to stop in and check on resident from time to time DON said oxygen tanks storage not a hazard problem.

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type Adult Care Home/Memory Care	Facility Name/Address Brookdale 17 Regional Drive Pinehurst, N C 28374
Visit Date: 05/27/2025	Time spent in facility: one (1) hour	Arrival time: 10:00 am
Name of person exit interview was held with Tonya Majka, Administrator		Interview was in person
Committee Member Present Grace Anderson and Rachel Brower:		Report Completed by: Rachel Brower
Number of Residents who received personal visits from committee members: four (4)		
Resident Rights Information is clearly visible: Yes		Ombudsman Contact Info is correct and clearly posted: Yes
The most recent survey was readily accessible: (Required for Nursing Homes Only) NA		Staffing information clearly posted: NA

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	
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?	Yes	
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?	NA	
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?	Yes	
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	No	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Yes	
13. Were residents able to reach their call bells with ease?	Yes	There is a pull cord in every room and each resident has a pendant around their neck to summon staff upon need.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes	
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?	Yes	
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	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes	Residents may use the telephone in the Library when they choose to do so.
Do residents have privacy in making and receiving phone calls?	Yes	
18. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	

19. Does the facility have a Resident's Council? Family Council?	Yes	Their Family Council is called Embrace Support Group. It meets monthly and is open to all. Family members who have lost a love one are welcome to attend also.
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?	No	Current Administrator came in May from Corporate office. Will be in place until new permanent Administrator has been hired. Discussed staffing and low census.. Currently twenty (20) residents and six (6) in Memory Care.

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Adult Care Home, Memory Care Facility	Facility Name/Address: Tara Plantation, 820 S. McNeil St, Carthage, NC 28327
Visit Date: 04/15/2025	Time spent in facility: 1 hr 30 min	Arrival time: 10:10 a.m.
Name of person exit interview was held with: Kathy Huffman, Owner		Interview was held: in Person
Committee Members Present: Grace Anderson, Rachel Brower, Vicki Hancock		Report Completed by: Vicki Hancock
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: NA (Required for Nursing Homes Only)		Staffing information clearly posted: No

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Y	Current census: 60, Memory care: 30 *Residents praised staff for their pleasant demeanor, and one described the facility as "peaceful" and "one big happy family." *Activity calendars are varied and present in both parts of the facility.
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?	NA	
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	*One hallway near the common area had a strong, stale, urine odor. *The lighting in all hallways was very dim. *The utility room across from the housekeeping room was unlocked and open. No one was around, and there were many tools and supplies available that could pose a danger to residents.
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?	NA	
12. Does the facility accommodate smokers? Where? Outside only	Y	*This facility does not have call bells. Some residents are given COW bells; others do not have devices to signal staff that they need help. *Residents we spoke with said they left their rooms to seek help. We heard some residents shouting for help during our visit.
13. Were residents able to reach their call bells with ease?	N	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	N 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?	NA	*Residents have a fixed five-week menu of meal choices.
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?	N 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 N	*The Family Council was abandoned due to lack of participation.
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? *Stale/Urine smell *Dim lighting *Resident meal choices *Utility room open and unlocked *Call bells/COW bells	Yes	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit *Owner indicated that she would check in to the stale/urine smell, that it was unusual in her facility. *Owner indicated that lighting meets the state standard for these facilities. *Owner said that residents could get alternative meals on request. She also said that she follows the five-week rotating menu developed by a nutritionist, as required by the state. *Owner explained that a maintenance person was "out back" and nearby. *Owner pointed to two unopened boxes in her office, indicating that they contained call bells. She was awaiting an installer and expected the work to be done "soon." She said that the cost of call bells plus installation was around \$25K, a large expense for her facility to cover.

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type Adult Care Home/ Memory Care	Facility Name/ Address Tara Plantation 820 S, McNeil Street Carthage, N C 28327
Visit Date: 4/15/2025	Time spent in facility: 1hr min 30	Arrival time 10:10 am
Name of person exit interview was held with: Kathy Huffman, Administrator		Interview was held in Person
Committee Members Present: Grace Anderson, Vicki Hancock, Rachel Brower		Report Completed by: Rachel Brower
Number of Residents who received personal visits from committee members: six (6)		
Resident Rights Information is clearly visible: Yes	Ombudsman Contact Info is correct and clearly posted: Yes	
The most recent survey was readily accessible: NA (Required for Nursing Homes Only)	Staffing information clearly posted: No	

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents open, friendly, very talkative, none expressed dissatisfaction with care or staff. One resident described the atmosphere as "family like" Other views, loved Bingo, liked interaction with other residents at meal time, and puzzle in activity room done by all.
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	NA	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
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?	NA	
6. Did you observe restraints in use?	No	
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?	No	One hallway had a strong urine odor. Observed overhead lighting in one hallway dim. Noticed utility room, door wide open, with many tools and equipment easily accessible to residents, aware of possible hazard.
9. Did you notice unpleasant odors in commonly used areas?	Yes	
10. Did you see items that could cause harm or be hazardous?	Yes	Facility currently has no call bells, system out of order for period of time. Some residents told of having Cow bells to gain attention for help. Residents stated sometimes would leave area to get help. We were aware of one resident yelling for help.
11. Did residents feel their living areas were too noisy?	NA	
12. Does the facility accommodate smokers? Where? Outside only	Yes	
13. Were residents able to reach their call bells with ease?	No	Discussed call bell system with Administrator. learned equipment at facility to be installed within a few weeks.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	No Yes	
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?	NA	Banking hours posted in prominent place for residents to see.
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?	Yes Yes	

17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	No	Facility has a five week rotating menu.
Do residents have privacy in making and receiving phone calls?	Yes	
18. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Family Council discontinued due to lack or participation.
19. Does the facility have a Resident's Council? Family Council?	Yes No	
	Yes/No/NA	Exit Summary
Areas of Concern		
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Urine smell in stated area, dim hallway lighting, residents choice of meal alternative, utility room remaining locked, and if call system has now been installed and available to all residents	Yes	<p>Administrator stated urine smell unusual, would check on it and correct.</p> <p>Administrator unaware of lighting level being unacceptable in said hallway.. She said lighting met state standards, but would check on it.</p> <p>Administrator stated Utility door usually closed and locked. She insisted the maintenance person was near by since he was working in the area as reason door open.</p> <p>Administrator showed CAC group boxes stacked on the floor beside her desk. She stated the boxes contained all needed equipment to install the new call system and should be done within a two-three week time period.</p> <p>Administrator stated staff/resident ratio very good. She schedules one more employee on every shift than state requires for staff/resident ratio.</p>

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Community Advisory Committee Quarterly/Annual Visitation Report

County: MOORE	Facility Type: X Family Care Home	Facility Name/Address: Aegis 125 Longleaf Dr. Southern Pines, N.C. 28387
Visit Date: 05/ 28 / 25	Time spent in facility: 35 min	Arrival time: 11:15 am
Name of person exit interview was held with: Kimbely Morton		Interview was held: by phone
Committee Members Present: Rachel Bower, Grace Anderson		Report Completed by: Grace Anderson
Number of Residents who received personal visits from committee members: 3		
Resident Rights Information is clearly visible: X Yes		Ombudsman Contact Info is correct and clearly posted: X Yes
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	
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	
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/A	
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?	N	
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?		
14. Did staff answer call bells in a timely & courteous manner? 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?	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?		
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Y N	Everyone eats at the dining table together
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?		
20. Does the facility have a Resident's Council? Family Council?		

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?
One resident has a catheter and collection bag was on the floor next to where he was sitting. The Admin said she would look into this since she has just ordered the mesh leg holders.

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

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Memory Care	Facility Name/Address: Peak Resources Pinelake 801 Pinehurst Ave, Pinehurst, NC 28374
Visit Date: 4 / 15 / 25	Time spent in facility: 1 hr 15 min	Arrival time: 11:45: <input checked="" type="checkbox"/> am
Name of person exit interview was held with: Thad Morgan <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: Vicki Hancock, 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	Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes
The most recent survey was readily accessible: <input checked="" type="checkbox"/> Yes (Required for Nursing Homes Only)	Staffing information clearly posted: <input checked="" type="checkbox"/> 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/n	Some residents stated it took a long time for Call bells to be answered.
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	There was some interaction but not like in the past. There were several residents in the activity room.
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?	n	
9. Did you notice unpleasant odors in commonly used areas?	n	
10. Did you see items that could cause harm or be hazardous?	y	A small amount of water on the floor. The 400 hall was cluttered.
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	y	
13. Were residents able to reach their call bells with ease?	y	They could reach just were not answered in a timely manner if at all.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	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?	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 y	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	y	Several choices on the menu.
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>Thad stated the DON had been out due to health issues and had just returned to work that day. He felt the call bell situation was due to her absence. Residents stated help over night was good.</p>		<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>Thad feels the call bell situation will return to normal with the return of the DON. The memory care unit is being remodeled and will be turned into private rooms. He has sold the 15 memory beds to the new facility opening in Pinehurst and purchased 10 care beds.</p>

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: X Adult Care Home / Memory Care	Facility Name/Address: Seven Lakes 292 Mac Dougal Drive, West End, N.C. 27376
Visit Date: 5 /22 / 25	Time spent in facility: 1 hr 15 min	Arrival time: 11:35 x am
Name of person exit interview was held with: Shaneshia Darkins X Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Interview was held: X 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		
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: (Required for Nursing Homes Only) n/a		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	Most residents were dressed and ready for the day.
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/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/A	
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?	N	The medication room was unlocked and open. The Admin. said this had just happened and no meds were stored in this room.
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? Where? X Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Y	Some residents said they were answered promptly others said no.
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/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	Access to funds is during posted hours. Very limited menu with few alternatives. One resident said he had most of his meals delivered. Cell phones Limited
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	
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
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 The living room in the memory care unit was much cleaner than last time.

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore Facility Type: Family Care Home Nursing Home Facility Name/Address: 190 Fox Hollow Rd
Adult Care Home Fox Hollow Pinehurst 28374

Visit Date: 4/19/25 Time spent in facility: 1 hr 10 min Arrival time: 9:00 am pm

Name of person exit interview was held with: Admin. SIC (Supervisor in Charge) Other Staff Rep. Interview was held in Person/Phone Brooks
(Name & Title) Nadia Administrative

Committee Members Present: Suzanne LaFollette Black Patricia Smith Jean Childers Report Completed by: Jean Childers

Number of Residents who received personal visits from committee members: 7

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: Yes No Staffing information clearly posted: Yes No
 (Required for Nursing Homes Only)

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	<u>Y</u>	
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	<u>Y</u>	<u>and we observed.</u>
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<u>Y</u>	
4. Were residents interacting with staff, other residents & visitors?	<u>Y</u>	<u>large camaraderie</u>
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<u>Y</u>	
6. Did you observe restraints in use?	<u>N</u>	
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?	<u>Y</u>	<u>whole heartedly</u>
9. Did you notice unpleasant odors in commonly used areas?	<u>N</u>	
10. Did you see items that could cause harm or be hazardous?	<u>N</u>	
11. Did residents feel their living areas were too noisy?	<u>N</u>	
12. Does the facility accommodate smokers? Where? Outside only Inside only Both Inside/Outside	<u>Y</u>	<u>outside back patio or out front</u>
13. Were residents able to reach their call bells with ease?	<u>Y</u>	<u>and they have airpods</u>
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	<u>Y</u>	

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?	<u>N/A</u>	
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?	<u>Y</u>	
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?	<u>Y</u>	
20. Does the facility have a Resident's Council? Family Council?	<u>Both</u>	<u>+ a good council monthly residents + food director.</u>

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?		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit <u>Outstanding staff + food dir.</u>

can they
 come to
 our monthly
 meeting

County: Moore	Facility Type: Nursing Home	Facility Name/Address Dahlia Gardens Center for Nursing & Rehabilitation 915 Pee Dee Road, Aberdeen N C 28315
Visit Date: 4/29/2025	Time spent in facility 1 hour 20 min:	Arrival time: 10:00 a.m.
Name of person exit interview was held with Director of Nursing, (DON), Casey Horn		Interview was in person
Committee Member Present: Vicki Hancock and Rachel Brower		Report Completed by: Rachel Brower
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 (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?	Yes	
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?	Yes	
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?	NA	
6. Did you observe restraints in use?	No	
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?	No	Urine smell, hallway near Memory Care Unit.
9. Did you notice unpleasant odors in commonly used areas?	Yes	
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	No	
12. Does the facility accommodate smokers? Where? Outside only	Yes	Yes, attached to resident's pillow. One resident seemed unaware of it, though. For some experience good, always answered. One resident said had to call and call until someone came. Another said some staff members had bad attitude, when called, or a request for help made in person. Said the problem worse on one particular shift.
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes/No Yes	
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?	NA	
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	

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 their likes and dislikes on regular basis according to Director of Nursing by Joe, the Dietitian. Most choose to dine in room. A couple of them like to eat in the dining room with others, since dining room recently refurbished.
Do residents have privacy in making and receiving phone calls?	Yes	
18. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
19. Does the facility have a Resident's Council? Family Council?	Yes	Council meetings posted in prominent place, announcing meeting date and time. Family Council has had poor attendance.
Areas of Concern		Yes/No/NA
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? One resident complained of cold food being served.		DON said this should not happen.
Poor sanitary practice by Staff member in the Memory Unit was reported. staff member sneezed into her hand but neglected to either wash hands or use Hands Sanitizer before continuing to work with a Resident.		DON said when such poor habits are reported she will either do an education meeting or speak to the staff member in private, encourage to follow rules.
Bad attitude of some staff members on second shift.		Urine in hallway discussed. DON stated she thinks it is one resident with which this is a problem. They try to keep it under control. DON would check about "bad attitude" of staff on night shift.

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Nursing Home	Facility Name/Address: Penick Village, 500 East Rhode Island Ave, Southern Pines, NC 28387
Visit Date: 4 / 29 / 2025	Time spent in facility: 0 hr 5 min	Arrival time: 11 : 40 am
Name of person exit interview was held with: NA		Interview was held: NA
Committee Members Present: Vicki Hancock, Rachel Brower		Report Completed by: Vicki Hancock
Number of Residents who received personal visits from committee members: 0		
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?		When we volunteers arrived, we learned that the facility was having "an outbreak." It took us several minutes to confirm that it was a COVID outbreak. Once we confirmed the nature of the outbreak, we left the facility.
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?		
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?		

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? <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?		
14. Did staff answer call bells in a timely & courteous manner? 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?		
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?		

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type Nursing Home and Rehab	Facility Name/Address Pinehurst Healthcare and Rehabilitation Center 300 Blake Blvd. Pinehurst, NC 28374
Visit Date: May 27, 2025	Time spent in facility: 2 hrs	Arrival time: 0925
Exit Interview with: Carson Mooring, Interim Admin. (Misty Linder-Morris no longer Employed with Liberty Health)		
Committee Members Present: Jean Childers & Patricia Smith		Report Completed by: Patricia Smith
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 Nursing <u>Home</u> clearly posted: Yes	

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	No	Many residents were in patient gowns. Some residents missing pants.
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>	No	80% agency staffing with many caregivers standing around nursing station not patient engaged. High number of dementia patients needing full assist. Observed one patient with full untouched breakfast tray at bedside with no feeding assistance. Aide was placing him in shower rather than feeding him. Many residents were unkempt.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Activity room and PT
4. Were residents interacting with staff, other residents & visitors?	Yes/No	The maintenance man, Kurtis, was highly engaged with patients. Visiting rooms, transporting patients in beds. Positive attitude. Nursing staff was aloof and suspicious of CAC volunteers presence. Activity Director was highly engaged and positive/welcoming
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	No	Not observed
6. Did you observe restraints in use?	No	Low rise fall beds in use. No fall pads on floor which is a trip hazard.
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?	No	Rooms were very cluttered. Poor storage. Clothing and objects stacked on floor and tabletops

9. Did you notice unpleasant odors in commonly used areas?	Yes	Unpleasant but indistinct in some areas.
10. Did you see items that could cause harm or be hazardous?	Yes	Treatment cart unlocked, hazardous items in drawers. 4th drawer totally broken. PT gym was very cluttered with wheelchairs and equipment. One sitting elliptical and one walking rail system in gym. Everything else appeared unuseable unless clutter was removed. Hallways were cluttered with utility carts on both sides blocking egress. Empty cups on hallway handrails in 4 locations. Dirty linen on floor outside of patient rooms and not in covered linen carts. Entry into dining area and activity room lack ADA auto door openers. Resident in wheelchair got stuck in Activity room doorway. Attendant at desk within immediate vicinity had to be asked by CAC volunteer for assist. Pills in pill cup observed at bedside of one resident which she tried to hide from observation.
11. Did residents feel their living areas were too noisy?		Resident in West hallway was continuously yelling and chanting. Could be heard throughout the wing. Staff appeared desensitized to the continual noise.
12. Does the facility accommodate smokers? Where? Outside only X Inside only Inside/Outside	No	
13. Were residents able to reach their call bells with ease?	No	Call bell found inside of a drawer in one room. Many residents observed to be incapable of using call bell.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	No	Disengaged staff
Resident Services		Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	Resident's Council & Activities Director
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?	Yes	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes	There are limited alternative choices on the menu which do not change. Many residents not capable of making choices.
Do residents have privacy in making and receiving phone calls?	Yes	
18. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Vision Clinic was running during visit. Church groups on activity schedule
19. Does the facility have a Resident's Council? Family Council?	Yes	
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>Yes</p>	<p>Cleanliness and clutter were huge issues. Volunteers opted to sit outside rather than in Lounge to discuss visit summary because upholstered furniture was dirty and cleaning rag was left on tabletop. These issues were discussed with Admin. Stated that decorator working on getting new furniture that is surface washable. Admin stated that he is working on many issues while Liberty Health seeks permanent replacement. Previous Admin discontinued several offsite storage units because of budget. Interim is working on offsite storage. Interim would talk to housekeeping, follow-up on damaged, unlocked treatment cart and look at ADA requirements for doors.</p> <p>Discussed disengaged staff and lack of dementia care training. New DON has been hired to address these concerns.</p> <p>Interim has proposed higher wage scale to Liberty to increase staff retention and decrease agency staffing.</p> <p>Very high volume of dementia patients who are not at risk for elopement but are high level of care.</p> <p>Facility uses Wanderguard elopement system. This facility requires close observation and frequent monitoring until improvements are implemented.</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: 4/2/25	Time spent in facility: 1 hr	Arrival time: 9:05 am
Name of person exit interview was held with: Danielle Purcell, RN Administrator Interview was held: In Person		
Committee Members Present: Jim DeKornfeld, Jean Childers, Pat Smith		Report Completed by: Jim DeKornfeld
Number of Residents who received personal visits from committee members: 5		
In Memory Care there were 11 residents and 14 beds, in Assisted Living there were 44 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	
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	Completely Non-smoking
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>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>As before, this is a well-run, very good facility. One thing we noticed on this visit is that every resident has a Life Alert provided by Coventry.</p> <p>The facility also has a list of Resident Advocacy organizations available to contact as necessary with telephone numbers to make contact as <u>easy</u> as possible.</p>

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Skilled nursing and Rehab	St Joseph of the Pines 103 Gossman Dr Southern Pines, NC28387
Visit Date: 5/14/25	Time spent in facility: 90 minutes	Arrival time: 9:00am
Name of person exit interview was held with Raymond Esteves Executive Director. Interview was held in Person		
Committee Members Present: Jim DeKornfeld, Pat Smith		Report Completed by: Jim DeKornfeld
Number of Residents who received personal visits from committee members: 5		
Total capacity is 90 beds. 40 beds are occupied by long term residents 28 beds are occupied by short term residents		
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	
9. Did you notice unpleasant odors in commonly used areas?	N	
10. Did you see items that could cause harm or be hazardous?	N	There was one door opening into a mechanical/storage area open but nothing else
11. Did residents feel their living areas were too noisy?	N	
12. Does the facility accommodate smokers?	N	Completely Non-smoking
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?		

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 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 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>Not at this time. The facility was very clean, and fresh. Residents had nothing but good things to say.</p>		<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>In our exit interview with Mr Esteves I was again impressed by how he sees providing excellent care as a "Mission" as opposed to just a job and career.</p>

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