

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Adult Care Home	Facility Name/Address: Brookdale, 17 Regional Drive, Pinehurst, NC 28374
Visit Date: 8/7/2025	Time spent in facility: 1 hr 10 min	Arrival time: 11:50 a.m.
Name of person exit interview was held with: Jameel Robinson, Exec Dir & Julie "Miss Bunny" Baker, Resident Engagement Coordinator		
Interview was held: in Person		
Committee Members Present: Rachel Brower, Grace Anderson, Vicki Hancock		Report Completed by: Vicki Hancock
Number of Residents who received personal visits from committee members: 1		
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: Yes

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	At the time we visited, most residents were in the dining rooms having lunch. In both Assisted Living and Memory Care, everyone we observed was up, dressed, and out of their apartments.
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?	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?	NA	Observation: Environment (apartments within the larger facility) is VERY homelike Brookdale is a smoke-free facility, and the area where smoking is permitted is a distance from the doors and patios.
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	Yes	
11. Did residents feel their living areas were too noisy?	NA	
12. Does the facility accommodate smokers? Where? Outside only, a distance from the facility doors and patios	Yes	
13. Were residents able to reach their call bells with ease?	NA	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	NA NA	
	NA	
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	Miss Bunny, a staffer with 28 years at Brookdale, described how she interviews residents about their preferences, catalogs the details in an app (TSO Life), and uses the information to help group people with common interests in activities and hobbies. She schedules activities that many enjoy and provides space and time in the schedule for resident-led interest groups as well.
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	

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: X Nursing Home & Rehabilitation Center	Facility Name/Address: The Greens at Pinehurst, 205 Rattlesnake Trail, Pinehurst, NC 28374
Visit Date: 07/24/2025	Time spent in facility: 1 hr 20 min	Arrival time: 10:00 am
Name of person exit interview was held with: Howard Staples, Administrator; Cindy Arnold, Director of Nursing (interim) Interview was held: X: in Person X: Admin. (Name & Title)		
Committee Members Present: Rachel Brower, Vicki Hancock		Report Completed by: Vicki Hancock
Number of Residents who received personal visits from committee members: 5		
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
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| 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? | No | |
| 7. If so, did you ask staff about the facility's restraint policies? | NA | |

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
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| 8. Did residents describe their living environment as homelike? | No | |
| 9. Did you notice unpleasant odors in commonly used areas? | Yes | Stale odor in 100- hallway |
| 10. Did you see items that could cause harm or be hazardous? | Yes | Clutter on both sides of the 200-level hallway |
| 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? | Yes | |
| 14. Did staff answer call bells in a timely & courteous manner?
If no, did you share this with the administrative staff? | NA | |

Resident Services	Yes/No/NA	Comments/Other Observations
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| 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? | NA
Yes | The most frequent comment we heard was that the food was poorly prepared and, in one case, insufficient: |
| 18. Do residents have privacy in making and receiving phone calls? | Yes | <ul style="list-style-type: none"> - Inadequate seasoning beyond salt and pepper; - Too much carb, not enough protein and vegetables - Personal "pantries" in a number of the residents' rooms we visited, with foods to cover the facility's meals they were skipping. |

19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a Resident's Council? Family Council?	Yes NA	
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>The current Administrator, Howard Staples, was serving his last day before taking "a better opportunity" out of state. His interim replacement will arrive from Ohio soon. The interim Director of Nursing will be at the facility for two weeks. She joined us for the exit interview.</p>	Yes	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>The issues we observed during this visit are consistent with the issues our volunteer colleagues have observed in the past: hallway odor, hallway clutter, and unsatisfactory food. Little has changed, it seems.</p>

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Community Advisory Committee Quarterly/Annual Visitation Report		
County: Moore	Facility Type: Nursing, Rehab, Adult Care Home	Facility Name/Address: Penick Village, 500 East Rhode Island Ave, Southern Pines, NC 28387
Visit Date: 6 / 24 / 2025	Time spent in facility: 1 hr	Arrival time: 10:00 am
Name of person exit interview was held with: Janelle Reynolds, Executive Director & Director of Nursing Interview was held: in person		
Committee Members Present: Vicki Hancock, Grace Anderson		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: 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?	NA	
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	
9. Did you notice unpleasant odors in commonly used areas?	Y	
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?	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?	NA	All residents with whom we spoke were satisfied with their treatment, staff respect, quality of food, and variety of activities in which they participated.
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?	Y 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 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? <ul style="list-style-type: none"> - Facility is under construction, and timeline keeps sliding - Urine smell in one nursing care hallway - Dead insect (large "smoky brown" roach-like insect) in one resident's room 	Y	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit - Facility construction: forecast for completion in Sep-Oct of 2025 - Urine smell- will investigate immediately - Dead insect: on return walk through same hallway, we observed staff in the resident's room.

Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type Adult Care Home/Memory Care	Facility Name/Address Seven Lakes 292 MacDougal Drive West End, N C 27376
Visit Date: July 24, 2025	Time spent in facility: 40 minutes	Arrival time: 11:40
Name of person exit interview was held with Administrator Shaneshia Dawkins		Interview was in person.
Committee Member Present: Rachel Brower and Vicki Hancock		Report Completed by: Rachel Brower
Number of Residents who received personal visits from committee members: seven (7)		
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:

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>	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?	NA	

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	no	residents spoke of food not being hot and the menus not observed as posted. slight odor in one hallway, unable to detect cause door open where maintenance materials stored. Second door opened in same area with what looked like medical equipment.
9. Did you notice unpleasant odors in commonly used areas?	yes	
10. Did you see items that could cause harm or be hazardous?	yes	
11. Did residents feel their living areas were too noisy?	no	
12. Does the facility accommodate smokers? Where? <input checked="" 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/no	some more aware of location of call bell, others less so. some stated no problem, prompt response, others found response slow.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	yes/no	

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	various comments, some liked bingo and attended Bible study, other stated lack of activities bothered them. They said the activity board not true as listed. Some stated often ordered food outside of 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?	yes	

• 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	yes
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

	Yes/No/NA	Exit Summary
Areas of Concern		
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>One resident stated the resident across the hall had contacted the Ombudsman about the food. Writer will follow up with Carolyn Pennington regarding.</p>		<p>Administrator stated attempting to correct menu problem. New Dietary person over kitchen, expects changes. Menus comes from corporate last Dietary person did not purchase items to prepare meals listed to be served.</p> <p>Maintenance man called in to respond to open door in stated area. He said he was in the area today, usually door kept closed.</p> <p>We mentioned the untidiness of the lounge in the memory area, used cups on the floor, couch cushion soiled, wet spot, perhaps urine. She said Housekeeping usually cleans, she will check on the area.</p> <p>Activity person in training.</p>

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type Nursing Home/Rehab/MC	Facility Name /Address Peak Resources Pinelake 801 Pinehurst Avenue Carthage, N C
Visit Date: 7/8/2025	Time spent in facility: 1 hour	Arrival time: 11:35 am
Name of person exit interview was held with Thad Morgan, Administrator		Interview was held 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 12:		
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: located at nursing station	

Resident Profile	Yes/No/NA	Comments/Other Observations
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1. Do the residents appear neat, clean and odor free?

yes

2. Did you see or hear residents being encouraged to participate in their care by staff members?

yes

3. Were residents interacting with staff, other residents & visitors?

yes

4. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?

yes

5. Did you observe restraints in use?

NA

6. If so, did you ask staff about the facility's restraint policies?

NA

Resident Living Accommodations

Yes/No/NA

Comments/Other Observations

7. Did residents describe their living environment as homelike?

yes/no

Most preferred to be home, but O K with their situation.

8. Did you notice unpleasant odors in commonly used areas?

no

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

no

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

no

11. Does the facility accommodate smokers?

NA

Where? ☒ Outside only ☐ Inside only ☐ Both Inside/Outside

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

yes

Paid special attention to this, all call bells easily within reach, some attached to bedsheets.

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

no/yes

Various comments, some stated quick response, others said staff slow in responding, but none were completely ignored for long periods of time.

Resident Services

Yes/No/NA

Comments/Other Observations

14. Were residents asked their preferences or opinions about the activities planned for them at the facility?

yes

Numerous activities available for residents to choose from.

15. 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

There is banking service 24/7 at the business office.

16. Are residents asked their preferences about meal/snack choices?
Are they given a choice about where they prefer to dine?

yes

Do residents have privacy in making and receiving phone calls?

yes

17. Is there evidence of community involvement from other civic, volunteer or religious groups?

yes

18. Does the facility have a Resident's Council? Family Council?	yes	Family Council active, meets regularly. Resident inactive poor attendance.
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	Discussed all comments with Administrator positive comments about food, mixed views on staff response, but no overly delays, and a Rehab resident appreciated Administrator's visit. He stated he strives to provide good service to all residents.

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Community Advisory Committee Quarterly/Annual Visitation Report

County: MOORE	Facility Type: 20-memory Care <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home 85-Asst. Living	Facility Name/Address: Fox Hollow 910-695-0011 190 Fox Hollow Road, Pinehurst, NC 28374
Visit Date: 8/25/25	Time spent in facility: 50 min	Arrival time: 2:50 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of person exit interview was held with: Laura Gubbs <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep.		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title)
Committee Members Present: Jean Spivey Childers and Suzanne LaFollette-Black		Report Completed by: Suzanne LaFollette-Black
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 type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information clearly posted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Y	Everything was in order-spoke with 3 in memory care and 3 in Asst. Living met resident cat: Mo 18 census-Memory Care
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	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/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	Compass food provides meals High compliments about food 96 rating Sanitation-12/9/24 6/18/25-DSS surveyed
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"/> 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	Caring Support Group-First Tuesday of month New Memory Care food strategy to encourage eating-success Taking memory care to beach Tea parties with life stories Music and Memory-third Tuesday Pet therapy-Thursdays
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
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Up to date certifications posted		Discuss items from "Areas of Concern" Section as well as any changes observed Nydia- Administrator-leaving-

		during the visit
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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Asst living-94 <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home memory-38 beds	Facility Name/Address: Terra Bella 101 Brucewood Road, Southern Pines, NC 28387
Visit Date: 5 / 27/25	Time spent in facility: 1 hr 45 min	Arrival time: 8 : 50 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: Evan Kaplan <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) Executive Director
Committee Members Present: Jim Dekornfeld, Suzanne LaFollette-Black		Report Completed by: Suzanne LaFollette-Black
Number of Residents who received personal visits from committee members: 7 Memory-5/2 Asst Liv		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Asst living 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 checked="" type="checkbox"/> No

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	yes	asst living resident smelled of feces food reported very good by 3 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>	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?	n/a	
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?	yes	Assisted Living-first hall on right had strong urine smell Facility rated 3 star Evacuation plan is too small in courtyard Residents Rights in Memory unit needs to be relocated
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? <input checked="" 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	
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	Legacy Health services on contract- Pt, OT, ST 3 Veterans/private pay- Hair salon contractual Play soft jazz in lobbys Caring Hearts for Canines-6/12 BBQ benefit for SEC/Engage Brain Have Food Chat committee
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?	yes	
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	
20. Does the facility have a Resident's Council? Family Council?	yes	
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? urine smell in Asst Living relocate residents bills of rights in memory unit		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: Nursing Home Rehab & M/C	Facility Name/Address: Dahlia Gardens Center, 915 Pee Dee Road, Aberdeen, N.C. 28315
Visit Date: 8 /7/ 2025	Time spent in facility: 1 hr 30 min	Arrival time: 10:00 am
Name of person exit interview was held with: Casey Horn Director of Nursing		Interview was held: X in Person
Committee Members Present: Vicki Hancock, Rachel Bower, Grace Anderson		Report Completed by: Grace Anderson
Number of Residents who received personal visits from committee members: 8		
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: 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?	Y/N	Very few residents are in street clothes
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Y	In M/C residents were engaged with staff. Tossing a ball with music playing. One resident even danced with staff.
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	Only in M/C
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/N	One resident actually said this is home. Air was stale and damp feeling. The a/c was being worked on.
9. Did you notice unpleasant odors in commonly used areas?	Y	
10. Did you see items that could cause harm or be hazardous?	Y	Beauty Salon door was open. Scissors were in a draw. Hallways were cluttered. Carts an equipment on both sides of halls.
11. Did residents feel their living areas were too noisy?	n/a	
12. Does the facility accommodate smokers? Where? X Outside only	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/A	Most residents eat in their rooms.
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	
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	

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: X Adult Care Home	Facility Name/Address: Tara Plantation, 820 S. McNeil St, Carthage, NC 28327
Visit Date: 07 /08 / 25	Time spent in facility: 1 hr 25 min	Arrival time: 10:00: X am <input type="checkbox"/> pm
Name of person exit interview was held with: <u>Kathy Huffman owner</u> <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title)		Interview was held: X in person
Committee Members Present: Rachel Bowner, Grace Anderson		Report Completed by: Grace Anderson
Number of Residents who received personal visits from committee members: 7		
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) n/a	Staffing information clearly posted: X Yes <input type="checkbox"/> No	

Resident Profile	Yes/No/NA	Comments/Other Observations
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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?

Y
Y
N
Y
n/a
n/a
n/a

Assistance was received if needed.

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
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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? X Outside only ☐ Inside only ☐ Both Inside/Outside
13. Were residents able to reach their call bells with ease?

N
N
Y
N
Y
Y/N
Y/N

Lighting in the hall ways is very dim.

Currently some residents have alert pendants. All residents with mobility issues were given pendants and they were available to others. However, one resident stated she did not have one and used her cell phone to call the nursing station when she needed something.

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
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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?

N
Y
Y
N
Y
Y

Limited activities on the calendar. Some residents really enjoy the nail days.

Seems residents are not aware they have an alternate menu to choose from.

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	There is a residents council but no 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? Dim Lighting in halls. Do all residents that need assistance have an Alert pendant.		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit Cathy stated the lights met state required standards. Owner also stated state did not require a call bell system since they are not have a skilled nursing facility

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home	Facility Name/Address: Magnolia Gardens 594 Murray Hill Road Southern Pines, NC
Visit Date: 07 / 23 / 25	Time spent in facility: 1 hr min	Arrival time: 9:00 x am <input type="checkbox"/> pm
Name of person exit interview was held with: 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 (Name & Title) Debbie Ogburn Administrator
Committee Members Present: Patricia Smith, Jean Childers		Report Completed by: Jean Childers
Number of Residents who received personal visits from committee members: 9		
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: x Yes <input type="checkbox"/> No

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	N	Urine odor on 200 Hall One resident inquired about her shower schedule, said she had a shower on Friday and not another one until Wednesday.
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	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?	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	200 Hall was cluttered
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? 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?	N	A number of call bells in the floor, did not have clips. Told admin at exit interview
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/A	Resident said that snacks in vending machine were too expensive
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	
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?	N/A	
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? There was unsecured construction in a few rooms, equipment was unattended. Facility was treating for bed bugs		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit Discussed unsecured construction areas, cluttered hallway, urine odor, shower schedule and call bells.

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Community Advisory Committee Quarterly/Annual Visitation Report

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: Quail Haven 155 Blake Blvd Pinehurst, NC 28374 105 Gossman Drive Southern Pines NC 28387
Visit Date: 08/25 / 25	Spent 2hour 10 min	Arrival time: 2:30 am x pm
Name of person exit interview was held with: Crystal Hofstetter X Admin. <input type="checkbox"/> SIC (Supervisor in Charge) Other Staff Rep.		Interview was held: in Person x Phone (Name & Title) Administrator
Committee Members Present: Suanne Lafollette-Black, Jean Childers		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	
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?	N/A	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	N/A	Only staff allowed to smoke
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?	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	No	
13. Were residents able to reach their call bells with ease?	Sometimes	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Sometimes	
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	We observed vending machines
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?	Yes	
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	Resident's Council, no Family Council
20. 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>A resident, who gave consent for her name to be revealed, has been a resident for 3 years. She has walked with assistance of a staff member every day until recently. Resident asked that I mention in our exit interview that she would like her walks to continue. She cannot walk unassisted. State survey noted missing oyx. Inquired at exit interview.</p>	Yes	<p>Discussed items from "Areas of Concern" Section with Administrator during exit interview via phone call. Administrator followed up via email while we were on the phone on resident's inquiry of staff member helping her walk on a daily basis. Also, discussed with Admin the results of June 2025 survey that noted missing oxycodone medication. The facility self reported a staff member selling a resident's medication, nursing board was notified and has taken action and criminal charges were filed as well.</p>

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home	Facility Name/Address: Terra Bella 101 Brucewood Rd Southern Pines, NC 28387
Visit Date: 08 / 25 /25	Time spent in facility: 2 hr min	Arrival time: 12:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of person exit interview was held with: 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 (Name & Title) Evan Kaplan & Renee McGriffin
Committee Members Present: Suzanne LaFollette-Black, Jean Childers		Report Completed by: Jean Childers
Number of Residents who received personal visits from committee members: 8		
Resident Rights Information is clearly visible: ** 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: 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? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	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/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?	Y	
14. Did staff answer call bells in a timely & courteous manner?	Y	
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	
17. Are residents asked their preferences about meal/snack choices?	Y	
Are they given a choice about where they prefer to dine?		
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?	Y	Resident 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?	No	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit
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