

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 <i>(Required for Nursing Homes Only)</i> | 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. |
| 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 | In both Assisted Living and Memory Care, everyone we observed was up, dressed, and out of their apartments. |
| 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 |
| 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 | Brookdale is a smoke-free facility, and the area where smoking is permitted is a distance from the doors and patios. |
| 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 | |
| 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

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| 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 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? | 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 | |
| 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 |
| 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 | |
| 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: <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. |
| 18. Do residents have privacy in making and receiving phone calls? | Yes | |

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| 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 Are there resident issues or topics that need follow-up or review at a later time or during the next visit? 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. | Yes/No/NA |
| | Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit 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. |

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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 <i>(Required for Nursing Homes Only)</i> | | Staffing information clearly posted: Yes | | | |
| Resident Profile | Yes/No/NA | Comments/Other Observations | | | |
| 1. Do the residents appear neat, clean and odor free? | Y | <p>Comments/Other Observations</p> | | | |
| 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 | <p>Comments/Other Observations</p> | | | |
| 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 | | | <p>All residents with whom we spoke were satisfied with their treatment, staff respect, quality of food, and variety of activities in which they participated.</p> | |
| 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? | 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 | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <ul style="list-style-type: none"> - 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. | | | |
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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, NC 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: <i>(Required for Nursing Homes Only)</i> 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. |
| 9. Did you notice unpleasant odors in commonly used areas? | yes | slight odor in one hallway, unable to detect cause |
| 10. Did you see items that could cause harm or be hazardous? | yes | door open where maintenance materials stored. Second door opened in same area with what looked like medical equipment. |
| 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. |
| 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff? | yes/no | some stated no problem, prompt response, others found response slow. |
| 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, others stated lack of activities bothered them. They said the activity board not true as listed. |
| 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 | Some stated often ordered food outside of facility. |

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| * 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 |

| 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>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 <i>(Required for Nursing Homes Only)</i> | Staffing information clearly posted: located at nursing station | |
| Resident Profile | Yes/No/NA | Comments/Other Observations |
| 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? Where? X <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside | NA | |
| 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 | |

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| 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: <input checked="" type="checkbox"/> 20-memory Care <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> 85-Asst.Living | Facility Name/Address: Fox Hollow 910-695-0011 190 Fox Hollow Road, Pinehurst, NC 28374 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------------------------------|-----------|-----------------------------|--|-------------------------------------|---|---|-------------------------------------|--|---|-------------------------------------|-----------------------------|---|-------------------------------------|-------------------------------|---|-------------------------------------|-----------------------|---|-------------------------------------|--|---|-------------------------------------|--|
| Visit Date: 8/25 | Time spent in facility: hr 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 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The most recent survey was readily accessible: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Required for Nursing Homes Only) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Resident Profile</th> <th>Yes/No/NA</th> <th>Comments/Other Observations</th> </tr> </thead> <tbody> <tr><td>1. Do the residents appear neat, clean and odor free?</td><td><input checked="" type="checkbox"/></td><td>Everything was in order-spoke with 3 in memory care and 3 in Asst. Living</td></tr> <tr><td>2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>3. Did you see or hear residents being encouraged to participate in their care by staff members?</td><td><input checked="" type="checkbox"/></td><td>met resident cat: Mo</td></tr> <tr><td>4. Were residents interacting with staff, other residents & visitors?</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?</td><td><input checked="" type="checkbox"/></td><td>18 census-Memory Care</td></tr> <tr><td>6. Did you observe restraints in use?</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>7. If so, did you ask staff about the facility's restraint policies?</td><td><input checked="" type="checkbox"/></td><td></td></tr> </tbody> </table> | | | Resident Profile | Yes/No/NA | Comments/Other Observations | 1. Do the residents appear neat, clean and odor free? | <input checked="" type="checkbox"/> | Everything was in order-spoke with 3 in memory care and 3 in Asst. Living | 2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? | <input checked="" type="checkbox"/> | | 3. Did you see or hear residents being encouraged to participate in their care by staff members? | <input checked="" type="checkbox"/> | met resident cat: Mo | 4. Were residents interacting with staff, other residents & visitors? | <input checked="" type="checkbox"/> | | 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | <input checked="" type="checkbox"/> | 18 census-Memory Care | 6. Did you observe restraints in use? | <input checked="" type="checkbox"/> | | 7. If so, did you ask staff about the facility's restraint policies? | <input checked="" type="checkbox"/> | |
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| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | <input checked="" type="checkbox"/> | 18 census-Memory Care | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Did you observe restraints in use? | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. If so, did you ask staff about the facility's restraint policies? | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 13. Were residents able to reach their call bells with ease? | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff? | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Resident Services</th> <th>Yes/No/NA</th> <th>Comments/Other Observations</th> </tr> </thead> <tbody> <tr><td>15. Were residents asked their preferences or opinions about the activities planned for them at the facility?</td><td><input checked="" type="checkbox"/></td><td>Caring Support Group-First Tuesday of month</td></tr> <tr><td>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?</td><td><input checked="" type="checkbox"/></td><td>New Memory Care food strategy to encourage eating-success Taking memory care to beach</td></tr> <tr><td>17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>18. Do residents have privacy in making and receiving phone calls?</td><td><input checked="" type="checkbox"/></td><td>Tea parties with life stories</td></tr> <tr><td>19. Is there evidence of community involvement from other civic, volunteer or religious groups?</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>20. Does the facility have a Resident's Council? Family Council?</td><td><input checked="" type="checkbox"/></td><td>Music and Memory-third Tuesday Pet therapy-Thursday</td></tr> </tbody> </table> | | | 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? | <input checked="" type="checkbox"/> | Caring Support Group-First Tuesday of month | 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? | <input checked="" type="checkbox"/> | New Memory Care food strategy to encourage eating-success Taking memory care to beach | 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? | <input checked="" type="checkbox"/> | | 18. Do residents have privacy in making and receiving phone calls? | <input checked="" type="checkbox"/> | Tea parties with life stories | 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | <input checked="" type="checkbox"/> | | 20. Does the facility have a Resident's Council? Family Council? | <input checked="" type="checkbox"/> | Music and Memory-third Tuesday Pet therapy-Thursday | | | |
| 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? | <input checked="" type="checkbox"/> | Caring Support Group-First Tuesday of month | | | | | | | | | | | | | | | | | | | | | | | | |
| 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? | <input checked="" type="checkbox"/> | New Memory Care food strategy to encourage eating-success Taking memory care to beach | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Do residents have privacy in making and receiving phone calls? | <input checked="" type="checkbox"/> | Tea parties with life stories | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. Does the facility have a Resident's Council? Family Council? | <input checked="" type="checkbox"/> | Music and Memory-third Tuesday Pet therapy-Thursday | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Areas of Concern</th> <th>Yes/No/NA</th> <th>Exit Summary</th> </tr> </thead> <tbody> <tr><td>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</td><td></td><td>Discuss items from "Areas of Concern" Section as well as any changes observed Nydia- Administrator-leaving-</td></tr> </tbody> </table> | | | 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- | | | | | | | | | | | | | | | | | | |
| 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- | | | | | | | | | | | | | | | | | | | | | | | | |

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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 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 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 | | |
| Resident Rights Information is clearly visible: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Asst Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) | | Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Resident Profile | Yes/No/NA | Comments/Other Observations |
| 1. Do the residents appear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities? <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? | <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> n/a | asst living resident smelled of feces food reported very good by 3 residents |
| 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 checked="" 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? | <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> 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 |
| 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? | <input type="checkbox"/> yes <input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> 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 |
| 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 |

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Community Advisory Committee Quarterly/Annual Visitation Report

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|---|---|---|
| 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? <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 | 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 | Only in M/C |
| 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/N | One resident actually said this is home. |
| 9. Did you notice unpleasant odors in commonly used areas? | Y | Air was stale and damp feeling. The a/c was being worked on. |
| 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 | |
| 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 | Most residents eat in their rooms. |
| 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

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|---|-------------------------------------|--|
| 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: <input checked="" type="checkbox"/> Kathy Huffman owner <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. | | Interview was held: X in person (Name & Title) |
| 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 checked="" 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 |
|--|-----------|------------------------------------|
| 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 | Assistance was received if needed. |
| 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? | 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 | |
| 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? | Y/N | |
| 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff? | Y/N | Lighting in the hall ways is very dim. |

| Resident Services | Yes/No/NA | Comments/Other Observations |
|---|-----------|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | N | Limited activities on the calendar. Some residents really enjoy the nail days. |
| 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 | Seems residents are not aware they have an alternate menu to choose from. |
| 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 | 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: <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. | | Interview was held: x in Person <input type="checkbox"/> Phone (Name & Title) 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: <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 checked="" type="checkbox"/> No (Required for Nursing Homes Only) | | Staffing information clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Resident Profile | Yes/No/NA | Comments/Other Observations |
| 1. Do the residents appear neat, clean and odor free? 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? | <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N/A <input type="checkbox"/> N <input type="checkbox"/> 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. |
| 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 checked="" 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? | <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y | 200 Hall was cluttered 200 Hall cluttered A number of call bells in the floor, did not have clips. Told admin at exit interview |
| 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? | <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> N/A <input type="checkbox"/> Y | Resident said that snacks in vending machine were too expensive |

| 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 <input checked="" type="checkbox"/> 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 | Comments/Other Observations | |
| 2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? | | Yes | | |
| 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 | Comments/Other Observations | |
| 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 | | Comments/Other Observations |
| 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 | | |

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| 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 | Resident's Council, 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? 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 oxy. Inquired at exit interview. | Yes | 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. |

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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 type="checkbox"/> X 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 type="checkbox"/> pm |
| Name of person exit interview was held with: <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. | | Interview was held: x in Person <input type="checkbox"/> Phone (Name & Title) Evan Kaplan & Renee McGriffen |
| Committee Members Present: Suzanne LaFollette-Black, <i>Jean Childers</i> | | 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? 2. Did residents say they receive assistance with personal care activities? Ex. <i>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? | <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N | |
| 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> 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? 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? | <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> Y | Resident 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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