

## Community Advisory Committee Quarterly/Annual Visitation Report

| County: <b>Moore</b>  | Facility Type<br><b>Nursing Home and Rehab</b>  | Facility Name/Address<br>St. Joseph of the Pines Health Center<br>590 Central Drive<br>Southern Pines, NC 28387  |
|---|---|--|
| Visit Date: 7/30/2025   | Time spent in facility: 1hr 0 minutes   | Arrival time: 2:45 PM  |
| Exit Interview with: Ray Estevez, Administrator, Cornelia Winters, RN Residential Care Coordinator  |   |  |
| Committee Members Present: Jean Childers, Patricia Smith  |   | Report Completed by: Patricia Smith  |
| Number of Residents who received personal visits from committee members: 3  |   |  |
| Resident Rights Information is <b>clearly visible</b> : Yes   | Ombudsman Contact Info is correct and clearly posted: Yes   |  |
| The most recent survey was readily accessible: Yes<br>(Required for Nursing Homes Only) Survey in Progress 7/30/25  | Staffing information <b>Nursing Home</b> clearly posted: Yes  |  |
| Resident Profile  | Yes/No/NA   | Comments/Other Observations  |
| 1. Do the residents appear neat, clean and odor free?<br>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><br>3. Did you see or hear residents being encouraged to participate in their care by staff members?<br>4. Were residents interacting with staff, other residents & visitors?<br>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?<br>6. Did you observe restraints in use?<br>7. If so, did you ask staff about the facility's restraint policies? | <b>Yes</b><br><br><b>Yes</b><br><br><b>Yes</b><br><br><b>Yes</b><br><br><b>Yes</b><br><br><b>No</b><br><br><b>N/A</b> | <i>Residents appear neat, clean and odor free. Staff assist residents with personal care activities. Residents encouraged to participate in their care. Staff interact with residents who have difficulty communicating. No restraints observed.</i> |
| Resident Living Accommodations  | Yes/No/NA   | Comments/Other Observations  |
| 8. Did residents describe their living environment as homelike?<br>9. Did you notice unpleasant odors in commonly used areas?<br>10. Did you see items that could cause harm or be hazardous?<br>11. Did residents feel their living areas were too noisy?<br>12. Does the facility accommodate smokers?<br><i>Where? Outside only X Inside only Inside/Outside</i><br>13. Were residents able to reach their call bells with ease?<br>14. Did staff answer call bells in a timely & courteous manner?<br><i>If no, did you share this with the administrative staff?</i>   | <b>Yes</b><br><br><b>No</b><br><br><b>No</b><br><br><b>No</b><br><br><b>No</b><br><br><b>Yes</b><br><br><b>Yes</b>    | <i>2nd Floor Suites Spacious</i>   |
| Resident Services   | Comments/Other Observations   |  |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | <b>Yes</b>  | <i>Patient fall during visit. Rapid response by staff.</i>   |

## Community Advisory Committee Quarterly/Annual Visitation Report

| County: Moore  | Facility Type<br><b>Nursing Home and Rehab</b> | Facility Name/Address: Pinehurst Healthcare and Rehabilitation Center<br>300 Blake Boulevard Pinehurst, NC 28374 |  |
|--|--|--|--|
| Visit Date: 7/24/25  | Time spent in facility: 1hr 30 min             | Arrival time: 10:45 AM   |  |
| Exit Interview with: Jacob Mauen, Administrator and Stacey Bain, RN, DON   |  |  |  |
| Committee Members Present: Jean Childers and Patricia Smith  |  | Report Completed by: Patricia Smith  |  |
| 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<br><i>(Required for Nursing Homes Only)</i>   |  | Staffing information Nursing Home clearly posted: Yes  |  |
| Resident Profile   | Yes/No/NA                                      | Comments/Other Observations  |  |
| 1. Do the residents appear neat, clean and odor free?  | Yes  | Improved from last visit   |  |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>  | No   | All residents interview complained of lack of staff  |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | Yes  | Activity room  |  |
| 4. Were residents interacting with staff, other residents & visitors?  | Yes  | Most residents in bed or in wheelchairs by nursing stations  |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | No   | Not observed   |  |
| 6. Did you observe restraints in use?  | No   |  |  |
| 7. If so, did you ask staff about the facility's restraint policies?   | N/A  |  |  |
| Resident Living Accommodations   | Yes/No/NA                                      | Comments/Other Observations  |  |
| 8. Did residents describe their living environment as homelike?  | No   | Environment is stark and uninviting  |  |
| 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?  | Yes  | Utility cart noises in hallway. Screaming resident that is inconsolable per staff.                               |  |
| 12. Does the facility accommodate smokers?<br>Where? Outside only <input checked="" type="checkbox"/> Inside only <input type="checkbox"/> Inside/Outside <input type="checkbox"/> | No   |  |  |
| 13. Were residents able to reach their call bells with ease?   | Yes  |  |  |
| 14. Did staff answer call bells in a timely & courteous manner?<br>If no, did you share this with the administrative staff?  | N/A  | No call lights were heard during visit.  |  |
| Resident Services  | Yes  | Comments/Other Observations  |  |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  | Yes  | Resident Counsel   |  |

|   |  |
|---|--|
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br>Can residents access their monthly needs funds at their convenience? | Yes  |
| 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine?   | Yes<br>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?<br>Family Council?   | Yes  |
| Areas of Concern  | Yes/No/NA  |
| Are there resident issues or topics that need follow-up or review at a later time or during the next visit?   | <p>Yes</p> <p><b>It appears that improvements have been made since last visit. A permanent Administrator and new DON have been hired.</b><br/> <b>The facility appears cleaner than previous visit and the soiled upholstered furniture in the front lounge has been replaced.</b><br/> <b>The rehab gym area is still being used for excess storage and there is very little gym equipment available. The new administrator and DON acknowledge this is an area of concern that they are addressing.</b><br/> <b>The new leadership is working on reducing the number of contract staff and advocating for a higher pay scale to increase staff retention and reduce contract staff to zero.</b><br/> <b>The broken supply cart has been replaced.</b><br/> <b>No trash was observed in hallways and no soiled linens were on the floor as noted in previous visit.</b><br/> <b>Residents complained of lack of staff and long waits for assistance. Residents complained of lack of choices on the alternative menu. New leadership has goals for addressing both concerns.</b><br/> <b>Recommend close monitoring to observe for improvements promised.</b></p> |

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## Community Advisory Committee Quarterly/Annual Visitation Report

# Community Advisory Committee Quarterly/Annual Visitation Report

| County: Moore  | Facility Type:<br>Adult Care Home, Memory Care Facility | Facility Name/Address:<br>Tara Plantation, 820 S. McNeil St, Carthage, NC 28327   |
|--|---|---|
| Visit Date: 10/07/2025   | Time spent in facility: 1 hr 30 min                     | Arrival time: 10:10 a.m.  |
| Name of person exit interview was held with: Kathy Huffman, Owner & Dominique Stuckey, Administrator   |   |   |
| Interview was held: in Person  |   |   |
| Committee Members Present: Grace Anderson, Rachel Brower, Vicki Hancock  |   | Report Completed by: Vicki Hancock  |
| Number of Residents who received personal visits from committee members: 5   |   |   |
| Resident Rights Information is clearly visible: Yes  |   | Ombudsman Contact Info is correct and clearly posted: Yes   |
| The most recent survey was readily accessible: NA<br>(Required for Nursing Homes Only)   |   | Staffing information clearly posted:<br>Yes, on whiteboard behind front desk  |
| Resident Profile   | Yes/No/NA   | Comments/Other Observations   |
| 1. Do the residents appear neat, clean and odor free?  | Y   | <p>*Residents praised staff for their pleasant demeanor and professional behavior.</p> <p>*In Memory Care, we observed a medical provider who was set up just inside the entry door with a laptop and ultrasound device. He was examining a male patient, and we observed that the patient was sitting beside the provider, facing the door, with his shirt pulled up to receive the test. As we left the Memory Care unit, we observed a female patient being tested in the same way: facing the entry door, shirt pulled up.</p>  |
| 2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? | NA  |   |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | Y   |   |
| 4. Were residents interacting with staff, other residents & visitors?  | Y   |   |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | NA  |   |
| 6. Did you observe restraints in use?  | N   |   |
| 7. If so, did you ask staff about the facility's restraint policies?   | NA  |   |
| Resident Living Accommodations   | Yes/No/NA   | Comments/Other Observations   |
| 8. Did residents describe their living environment as homelike?  | N   | <p>*Smoke from outdoor spaces was strong in the lobby and other indoor spaces.</p> <p>*The lighting in all hallways was very dim.</p> <p>*The utility room across from the beauty and barber shop was unlocked and open. At first, a staff person was going in and out, but at the time we left the facility, that person had gone to the front desk area, and the room was still open. There were many tools and supplies available that could pose a danger to residents.</p> <p>* In Memory Care, pulls and tears in the carpet around the "washouts" (owner's term for floor drains) have led to curled carpet, posing a tripping hazard.</p> |
| 9. Did you notice unpleasant odors in commonly used areas?   | Y   |   |
| 10. Did you see items that could cause harm or be hazardous?   | Y   |   |
| 11. Did residents feel their living areas were too noisy?  | NA  |   |
| 12. Does the facility accommodate smokers?<br>Where? Outside only.   | Y   |   |

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

N

\*This facility has recently replaced cow bells with a limited supply of medical alert calling devices worn around residents' necks. Ambulatory residents receive the devices by request; all immobile residents receive them. We did not observe any during our visit.

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

N  
Y

One ambulatory resident showed us her COW BELL and did not have a medical alert device. She explained that, when she needs assistance, she uses her mobile phone to call the nurses' station in the facility.

### 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

\*Activity calendars are present in both parts of the facility, written on whiteboards. Activities were limited to one-hour periods no more than twice a day. One activity listed was "Laundry." Residents we spoke to who participated in activities enjoy doing puzzles, playing Bingo, and playing seated volleyball.

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  
Can residents access their monthly needs funds at their convenience?

Y  
Y

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

N  
Y

\*Residents have a fixed five-week menu of meal choices, posted by day on white boards. No alternative meal choices were evident. Resident observations included that hot food (like soup) didn't arrive hot and that the new cook (new since under a week before our visit) was preparing too much fried food.

18. Do residents have privacy in making and receiving phone calls?

Y

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

Y

20. Does the facility have a Resident's Council?  
Family Council?

Y  
N

\*The Family Council was abandoned due to lack of participation. The owner and administrator weren't certain whether the Resident Council met once a month or once a quarter.

### Areas of Concern

Yes/No/NA

### Exit Summary

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

Yes

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

Note: These observations have remained the same for, at minimum, the recent past years' worth of visits to the facility. The owner has an answer for all concerns that deflects responsibility away from administration of the facility.

\*Smoke smell

\*Owner and administrator talked about how residents hold the door open to the smoking area for other residents, that it's open when residents outside talk with residents inside,

|  |  |   |
|--|--|---|
| <p>*Dim lighting</p> <p>*Medical testing being conducted in an open area</p> <p>*Utility room open and unlocked</p> <p>*Call bells/COW bells</p> |  | <p>and the smoky smell is worse some times of days than others.</p> <p>*Owner indicated that residents flip the switches for the lights in the hallways when they want more light.</p> <p>*Both owner and administrator expressed concern about this and promised to check it out and put a stop to it.</p> <p>*Owner did not respond to our observation about the utility room being open and unlocked.</p> <p>*Owner said that call bell neckwear was available to non-ambulatory residents and that ambulatory residents were discouraged from them because they needed to remain ambulatory. She said that they would not leave their beds and become dependent on the call bells if they had them.</p> |
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# Community Advisory Committee Quarterly/Annual Visitation Report

|               |   |   |
|---------------|---|---|
| County: Moore | Facility Type:<br>X Nursing Home Rehab<br>X Adult Care Home | Facility Name/Address: Peak Resources, 801 Pinehurst Ave.<br>Pinehurst, N.C. 28374. |
|---------------|---|---|

|                        |                                     |                          |
|------------------------|-------------------------------------|--------------------------|
| Visit Date: 10 / 7 /25 | Time spent in facility: 1 hr 30 min | Arrival time: 11:45 X am |
|------------------------|-------------------------------------|--------------------------|

|   |   |
|---|---|
| Name of person exit interview was held with: Thad Morgan<br>(Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title) | Interview was held: X in Person X Admin |
|---|---|

|  |                                     |
|--|-------------------------------------|
| Committee Members Present: Rachel Bower, Vicki Hancock, 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<br>The most recent survey was readily accessible: X Yes<br>(Required for Nursing Homes Only) | Ombudsman Contact Info is correct and clearly posted: X Yes<br>Staffing information clearly posted: X 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? 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/A       |                             |

| Resident Living Accommodations   | Yes/No/NA | Comments/Other Observations   |
|--|-----------|---|
| 8. Did residents describe their living environment as homelike?  | Y/N       |   |
| 9. Did you notice unpleasant odors in commonly used areas?   | Y         | In rehab a strong bleach odor. Noticed the floor in one room had just been mopped.  |
| 10. Did you see items that could cause harm or be hazardous?   | Y         | There was a lot of equipment in the halls. Lunch was being delivered and some food carts were left in the middle of the hall. |
| 11. Did residents feel their living areas were too noisy?  | N         | We noticed it was difficult to hear residents due to the televisions being so loud. Two in one room with competing programs.  |
| 12. Does the facility accommodate smokers?<br>Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside | N         | Total non smoking facility. They will provide nicotine gum to any smoker. Staff are supposed to go off campus to smoke.       |
| 13. Were residents able to reach their call bells with ease?   | Y         |   |
| 14. Did staff answer call bells in a timely & courteous manner?<br>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         |  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br>Can residents access their monthly needs funds at their convenience? | Y         |  |
| 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine?   | Y         | A varied menu with posted options. The lunch that was delivered looked good. |
| 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         |  |
| <b>Areas of Concern</b><br><br>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?<br><br>Check for any evidence that medications might not be given on time. | Yes/No/NA | <b>Exit Summary</b><br><br>Discuss items from "Areas of Concern" Section as well as a The transition from memory care to rehab was completed over the summer. The current rehab residents all seemed satisfied with the care and physical therapy they were receiving. One resident stated she was not always receiving her medication on time. When this happened it was difficult for her to do the rehab. |

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# Community Advisory Committee Quarterly/Annual Visitation Report

| County: <b>Moore</b>  | Facility Type:<br><input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home<br><input type="checkbox"/> Adult Care Home | Facility Name/Address:<br>The Greens<br>205 Rattlesnake Trail<br>Pinehurst, NC 28374                                       |
|---|--|--|
| Visit Date: 11/7/25   | Time spent in facility: 1 hr 40 min  | Arrival time: 11:15 x am <input type="checkbox"/> pm   |
| Name of person exit interview was held with: Deborah Giggs<br>Other Staff Rep. (Name & Title)   |  | Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Admin. <input type="checkbox"/> |
| Committee Members Present: Vicki Hancock, Rachel Bower, Grace Anderson  |  | Report Completed by: Grace Anderson  |
| Number of Residents who received personal visits from committee members: 7  |  |  |
| 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<br>(Required for Nursing Homes Only) 2023                              |  | Staffing information clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                   |
| Resident Profile  | Yes/No/NA  | Comments/Other Observations  |
| 1. Do the residents appear neat, clean and odor free?   | y  |  |
| 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/n  |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?  | n  |  |
| 4. Were residents interacting with staff, other residents & visitors?   | y  |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?   | n/a  |  |
| 6. Did you observe restraints in use?   | n  |  |
| 7. If so, did you ask staff about the facility's restraint policies?  | n/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?  | Y  | Urine odor in the 200 hall   |
| 10. Did you see items that could cause harm or be hazardous?  | Y  | 200 hall cluttered, equipment on both sides of the hall.   |
| 11. Did residents feel their living areas were too noisy?   | n/a  |  |
| 12. Does the facility accommodate smokers?<br>Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside   | y  | There was a strong smoke odor in the 100 hall. This was close to the door going to the outdoor patio.                      |
| 13. Were residents able to reach their call bells with ease?  | y  | There was a mixed response about call bells being answered in a timely manner  |
| 14. Did staff answer call bells in a timely & courteous manner?<br>If no, did you share this with the administrative staff?   | y/n  |  |
| Resident Services   | Yes/No/NA  | Comments/Other Observations  |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | Y  | One resident ask that bingo be returned. However, new Admin said they still had Bingo.                                     |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br>Can residents access their monthly needs funds at their convenience? | y  |  |
| 17. Are residents asked their preferences about meal/snack choices?<br>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  | Several community groups visit and engage in different activities with residents.  |

|  |                                       |   |
|--|---------------------------------------|---|
| 20. Does the facility have a Resident's Council?<br>Family Council?  | <input checked="" type="checkbox"/> Y |   |
| <b>Areas of Concern</b><br>Are there resident issues or topics that need follow-up or review at a later time or during the next visit? | Yes/No/NA                             | <b>Exit Summary</b><br>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: Adult Care Home   | Facility Name/Address: Seven Lakes Assisted Living & Memory Care, 292 MacDougall Dr, West End, NC 27376   |
|---|--|---|
| Visit Date: 11/7/2025   | Time spent in facility: 50 min   | Arrival time: 10:05 am  |
| Name of person exit interview was held with: Bethany Ellzey, Business Officer   |  | Interview was held: in Person   |
| Committee Members Present: Vicki Hancock, Rachel Brower, Grace Anderson   |  | Report Completed by: Vicki Hancock  |
| Number of Residents who received personal visits from committee members: six  |  |   |
| Resident Rights Information is clearly visible: Yes<br><br>(Required for Nursing Homes Only)  | Ombudsman Contact Info is correct and clearly posted: Yes<br><br>Staffing information clearly posted: NA |   |
| Resident Profile  | Yes/No/NA  | Comments/Other Observations   |
| 1. Do the residents appear neat, clean and odor free?   | Y  | When we arrived, we had to buzz to be admitted (never on previous visits). We learned that this was an artifact from the time when the entire facility was 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?                | NA   | Memory care: we observed three staff in a room chatting when we arrived and the same three staff in the room when we left. It didn't appear to be a business meeting of any kind. |
| 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?   | Y  |   |
| 6. Did you observe restraints in use?   | N  |   |
| 7. If so, did you ask staff about the facility's restraint policies?  | NA   |   |
| Resident Living Accommodations  | Yes/No/NA  | Comments/Other Observations   |
| 8. Did residents describe their living environment as homelike?   | N  | Wide halls, good light  |
| 9. Did you notice unpleasant odors in commonly used areas?  | Y  | Urine smells, 200 & 300 hallways  |
| 10. Did you see items that could cause harm or be hazardous?  | Y  | Room w/call bell alert panel & electrical panel was unlocked, door ajar. Sign on door: "Keep door locked at all times"  |
| 11. Did residents feel their living areas were too noisy?   | NA   | Memory care: living room messy w/lots of trash scattered around   |
| 12. Does the facility accommodate smokers?<br>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?<br>If no, did you share this with the administrative staff?   | Y/N  | Mostly yes, sometimes hit or miss   |
| 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?<br>Can residents access their monthly needs funds at their convenience? | NA   |   |
| 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine?   | Y  | Residents observed that the food on the menu is not necessarily what is served. One resident had a lot of personal food packages stacked in his room.                             |
| 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?<br>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?<br>Current census: 51 (capacity 54, including MC) – MC 28 (capacity 29) |           | Discuss items from "Areas of Concern" Section as well as any changes observed during the visit   |
| Urine smells, Call bell room, Memory care living room, Memory care staff:   |           | Business officer assured us that she would review our observations with the Administrator, who was working remotely on the day of our visit. It will be important to check these items on our next routine visit.                          |
| Food:   |           | Business officer updated us on the status of the Dietary Manager (DM). This staff member had been DM in the past, then switched positions to CAN, then switched back in mid-September to DM. She is working on menus and food preferences. |

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# Community Advisory Committee Quarterly/Annual Visitation Report

|   |   |  |  |
|---|---|--|--|
| County: Moore   | Facility Type:<br>Nursing, Rehab, Adult Care Home | Facility Name/Address: Penick Village, 500 East Rhode Island Ave, Southern Pines, NC 28387 |  |
| Visit Date: 10/14/2025  | Time spent in facility: 1 hr                      | Arrival time: 11:35 a.m.   |  |
| 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, Rachel Brower   |   | 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<br><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  | Census: Assisted living, 29:32; Nursing care, 20:32.   |
| 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  | All residents we encountered were well cared for.  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?  |   | NA   | In our visit to Memory Care (The Cottage), we noted how home-like, bright, and pleasant the entire facility looked.  |
| 4. Were residents interacting with staff, other residents & visitors?   |   | Y  | We visited MC during residents' lunchtime and observed them seated at a community table with some staff at the table and some staff in the prep and serving area.  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?   |   | NA   | Everyone with who we interacted in MC – and the entire assisted living and nursing facility – was professional, pleasant, and helpful.   |
| 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  | Nursing care lighting: very dim and creating a dingy look throughout the lower-level floor.  |
| 9. Did you notice unpleasant odors in commonly used areas?  |   | N  | Assisted living lighting: very bright and cheerful.  |
| 10. Did you see items that could cause harm or be hazardous?  |   | N  |  |
| 11. Did residents feel their living areas were too noisy?   |   | Y  | Nursing care: construction that extends from early hours (6 a.m.) until late in the day creates noise and disruption.  |
| 12. Does the facility accommodate smokers?<br>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  | Most residents described staff as pleasant, polite, and responsive. One resident described some staff as "so-so," "OK." One spouse of a resident described the facility (assisted living) as "the best possible place for our care." |
| 14. Did staff answer call bells in a timely & courteous manner?<br>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   |  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br>Can residents access their monthly needs funds at their convenience? |   | NA   |  |

|   |           |  |
|---|-----------|--|
| 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine?   | Y<br>Y    | Several residents were completely satisfied with food and preparation. One described it as "terrible" and mentioned that meat was overcooked and unseasoned, vegetables are overcooked and tasteless. The same person noted that the alternate choices were just as terrible. Another resident described food as "good and getting better."  |
| 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?<br>Family Council?   | Y<br>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?<br><br>- Facility is under construction, and timeline keeps sliding<br><br>- Nursing care facility lighting is very dim.<br><br>- Laundry room was unlocked and open; sign on door states "keep closed at all times." | 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"> <li>- Facility construction: forecast for completion now moved to Feb 2026 (formerly July, then Nov 2025)</li> <li>- Dim lighting is being address near-term with brighter bulbs, long-term with updated fixtures when construction is complete.</li> <li>- We visited during a time when staff were actively cleaning residents' rooms. Though we didn't see anyone go into or out of the laundry room, we were assured that staff only left it open because they were using it so frequently at that time.</li> </ul> |

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# Community Advisory Committee Quarterly/Annual Visitation Report

|  |   |  |  |
|--|---|--|--|
| County: Moore  | :Facility Type<br>Adult Care Home/ Memory Care            | Facility Name/Address<br>Brookdale<br>17 Regional Drive<br>Pinehurst, NC 28374 |  |
| Visit Date: 11/18/2025   | Time spent in facility: 1 hour 21 minutes                 | Arrival time: 10:04 am   |  |
| Name of person exit interview was held with Jameel Robinson, Administrator   |   | Interview was in person  |  |
| Committee Member Present<br>Grace Anderson, Vicki Hancock, Rachel Brower   |   | Report Completed by:<br>Rachel Brower  |  |
| Number of Residents who received personal visits from committee members: <b>eight (8)</b>  |   |  |  |
| Resident Rights Information is clearly visible: Yes  | Ombudsman Contact Info is correct and clearly posted: Yes |  |  |
| The most recent survey was readily accessible:<br>(Required for Nursing Homes Only) NA   | Staffing information clearly posted: NA                   |  |  |
| Resident Profile   |   | Yes/No/NA  | Comments/Other Observations  |
| 1. Do the residents appear neat, clean and odor free?<br>2. Did residents say they receive assistance with personal care activities? Brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?<br>3. Did you see or hear residents being encouraged to participate in their care by staff members?<br>4. Were residents interacting with staff, other residents & visitors?<br>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?<br>6. Did you observe restraints in use?<br>7. If so, did you ask staff about the facility's restraint policies? |   | Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>NA<br>NA                                    |  |
| Resident Living Accommodations   |   | Yes/No/NA  | Comments/Other Observations  |
| 8. Did residents describe their living environment as homelike?<br>9. Did you notice unpleasant odors in commonly used areas?<br>10. Did you see items that could cause harm or be hazardous?<br>11. Did residents feel their living areas were too noisy?<br>12. Does the facility accommodate smokers?<br>Where? X <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside<br>13. Were residents able to reach their call bells with ease?   |   | Yes<br>No<br>No<br>No<br>Yes<br>Yes/No   | One resident's call bell was out of reach, located behind her TV.<br>This resident said she crawled into the hallway and yelled for help when she fell. Call bells available and good location for others. |
| 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?<br><br>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br>Can residents access their monthly needs funds at their convenience?   |   | Yes<br>NA  |  |
| 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine?  |   | Yes  | Opinions about the food varied, some felt it was good while the view of others were negative. One resident said sometimes he could not identify what the food was that was being served.                   |

|   |     |
|---|-----|
| 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  |
|---|-----------|---|
| Are there resident issues or topics that need follow-up or review at a later time or during the next visit? | No        | <p>Current Administrator leaving for another location. A Corporate person is there also and will remain as long as needed. Neither Administrator nor other Staff members were aware that any resident had suffered a fall.</p> <p>Regarding the food Mr. Robinson said the Dietary Manager has returned a week ago. Thus, expects improvement in food. He noted the Dietary Manager has "Chats with Kay" to hear the concerns of Residents about the food. He also noted that he takes a meal once a month at the Facility in order to monitor the standard of the food.</p> <p>He also said call bells and the internet are serviced to maintain their level of service.</p> |

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## **Advisory Committee Quarterly/Annual Visitation Report**

| County: Moore   | Facility Type<br>Nursing & Rehab/Memory Care              | Facility Name/Address<br>Dahlia Garden Center for Nursing & Rehabilitation/Memory Care<br>915 Pee Dee Road, Aberdeen, NC 28315   |
|---|---|--|
| Visit Date: 10/14/2025  | Time spent in facility: 1 hour 15 minutes                 | Arrival time: 10:00 am   |
| Name of person exit interview was held with Administrator, Lauren Fink  |   | Interview was in person  |
| Committee Members Present: Grace Anderson, Vicki Hancock, Rachel Brower   |   | Report Completed by: Rachel Brower   |
| Number of Residents who received personal visits from committee members: 10   |   |  |
| Resident Rights Information is clearly visible: yes<br><i>(Required for Nursing Homes Only)</i>   | Ombudsman Contact Info is correct and clearly posted: yes |  |
| The most recent survey was readily accessible: yes<br><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   |  |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> | Y   |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?  | Y   |  |
| 4. Were residents interacting with staff, other residents & visitors?   | Y   |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?   | 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   | several said food, good, great, and could now use ticket to request food choices. One person had issues with food, did not seem to know of ticket availability.  |
| 9. Did you notice unpleasant odors in commonly used areas?  | Y   | Two halls strong odor of feces, specifically one resident in wheelchair with legs propped up in a chair.   |
| 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?<br>Where? X <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside    | Y   | Chart listing department(s) who should assist smokers to the area, if needed.  |
| 13. Were residents able to reach their call bells with ease?  | Y   |  |
| 14. Did staff answer call bells in a timely & courteous manner?<br>If no, did you share this with the administrative staff?   | Y   | Varied views, some yes, one resident said left in urine for 3 hours before assisted, despite some Aides answering call promising to return but did not. Resident said, he was told not to call during meal delivery, Also, said he has been ignored for showers. |
| 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  |  |

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|---|-----------|--|
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br>Can residents access their monthly needs funds at their convenience? | NA        |  |
| 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine?   | Y<br>N    | Facility recently began this practice. Seems most meals are taken in Resident's rooms, by choice.  |
| Do residents have privacy in making and receiving phone calls?  | Y         |  |
| 18. Is there evidence of community involvement from other civic, volunteer or religious groups?   | Y         |  |
| 19. Does the facility have a Resident's Council?<br>Family Council?   | Y         |  |
| <b>Areas of Concern</b><br><br>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  | Yes/No/NA | <b>Exit Summary</b><br><br>Administrator stated resident in wheelchair and chair is waiting for a reclining chair to come. Will check on Resident's condition for odor of feces.<br><br>Facility needs to perfect ticket system, make sure all residents know how to access, Administrator said.<br><br>Facility tries to not mix residents' call bell concerns during meal delivery. However, staff should not ever ignore call bells during meal delivery. Resident said he was told they would not answer calls during meal delivery.<br><br>Showers give twice a week..<br><br>One resident said needed ramp and could go home. Administrator said resident has sought all remedies to solve situation. But, she has no funds and most groups want material paid for at least.<br><br>Administrator said she would check area where odor was detected. |

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# Community Advisory Committee Quarterly/Annual Visitation Report

|   |   |  |                             |
|---|---|--|-----------------------------|
| County: Moore   | Facility Type:<br><br>Adult Care Home   | Facility Name/Address:<br>St Joseph of the Pines<br>103 Grossman Dr<br>Southern Pines, NC 28387<br><br>Census 78 out of 100 beds.  |                             |
| Visit Date: 10/9/25   | Time spent in facility: 1 hr 10 min   | Arrival time: 2:00 pm  |                             |
| Name of person exit interview was held with:<br>Raymond Esteves Executive Director  |   | Interview was held: In Person  |                             |
| Committee Members Present: Jean Childers and Jim DeKornfeld   |   | Report Completed by: Jim DeKornfeld  |                             |
| Number of Residents who received personal visits from committee members: 6  |   |  |                             |
| Resident Rights Information is clearly visible: Yes<br><br>(Required for Nursing Homes Only)  | Ombudsman Contact Info is correct and clearly posted: Yes<br><br>Staffing information clearly posted: Yes |  |                             |
| Resident Profile  |   | Yes/No/NA  | Comments/Other Observations |
| 1. Do the residents appear neat, clean and odor free?   | Y   |  |                             |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> | Y   |  |                             |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?  | Y   |  |                             |
| 4. Were residents interacting with staff, other residents & visitors?   | Y   |  |                             |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?   | Y   |  |                             |
| 6. Did you observe restraints in use?   | N   |  |                             |
| 7. If so, did you ask staff about the facility's restraint policies?  | N/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?  | N   |  |                             |
| 11. Did residents feel their living areas were too noisy?   | N   |  |                             |
| 12. Does the facility accommodate smokers?<br>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?<br>If no, did you share this with the administrative staff?   | Y<br>N/A  | Completely non-smoking facility.   |                             |
| 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   | One resident was very displeased that he was not able to receive a Covid shot upon request. In speaking with Mr. Esteves, the shot is available, but there is a process to go through prior to receiving the shot. This was more a communication issue than an availability issue.<br><br>Staffing is always an issue, but they seem to provide very good service. |                             |

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

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|---|--|--|
| County: Moore   | Facility Type:<br>Skilled Nursing Home | Facility Name/Address:<br>Magnolia Gardens<br>594 Murray Hill Rd<br>Southern Pines, NC 28387<br><br>Census 124 out of 129 available beds |
| Visit Date: 10/18/25  | Time spent in facility: 1 hr 15 min    | Arrival time: 10:00 am   |
| Name of person exit interview was held with:<br>Miranda Gordon<br>Business Manager<br>Interview was held: In Person   |  |  |
| Committee Members Present: Pat Smith, Jim DeKornfeld  |  | Report Completed by: Jim DeKornfeld  |
| Number of Residents who received personal visits from committee members: 4  |  |  |
| Resident Profile  | Yes/No/NA                              | Comments/Other Observations  |
| 1. Do the residents appear neat, clean and odor free?   | Y                                      |  |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>         | Y                                      |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?  | Y                                      |  |
| 4. Were residents interacting with staff, other residents & visitors?   | Y                                      |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?   | Y                                      |  |
| 6. Did you observe restraints in use?   | N/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/A                                    |  |
| 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?<br>Where? 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?<br>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                                      |  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br>Can residents access their monthly needs funds at their convenience? | Y<br>N/A                               |  |
| 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine?   | Y<br>Y                                 |  |
| 18. Do residents have privacy in making and receiving phone calls?  | N/A                                    |  |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?   | Y                                      |  |

|   |           |  |
|---|-----------|--|
| 20. Does the facility have a Resident's Council?<br>Family Council?   | Y         |  |
| <b>Areas of Concern</b><br><br>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?<br><br>N | Yes/No/NA | <b>Exit Summary</b><br><br>No real issues arose during our visit.<br>We made the visit on a Saturday to see if there would be a different feel or level of care as opposed to during the work week and were pleased to see that there were no issues that stood out to be corrected. |

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# Community Advisory Committee Quarterly/Annual Visitation Report

| County: Moore   | Facility Type:<br>Assisted Living/Skilled Nursing         | Quail Haven<br>155 Blake Blvd<br>Pinehurst, NC 28374<br><br>Census: Skilled Nursing 46 out of 60 beds<br>Assisted Living 12 out of 12 beds |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
|---|---|--|--------------------------------|-----------|-----------------------------|---|-----|--|---|---|--|---|---|--|---|-----|--|---|-----|--|--|---|--|---|-----|--|
| Visit Date: 10/13/25  | Time spent in facility: 1 hr 15 min                       | Arrival time: 2:25 pm  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| Name of person exit interview was held with:<br>Carron Casillas<br>RN Supervisor  |   | Interview was held: in Person  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| Committee Members Present: Jim DeKomfeld and Patricia Smith   |   | Report Completed by: Jim DeKomfeld   |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 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<br><i>(Required for Nursing Homes Only)</i>  | Staffing information clearly posted: Yes                  |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Resident Profile</th> <th style="width: 10%;">Yes/No/NA</th> <th style="width: 20%;">Comments/Other Observations</th> </tr> </thead> <tbody> <tr> <td>1. Do the residents appear neat, clean and odor free?</td> <td>Y</td> <td></td> </tr> <tr> <td>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></td> <td>Y</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>Y</td> <td></td> </tr> <tr> <td>4. Were residents interacting with staff, other residents &amp; visitors?</td> <td>Y</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>N/A</td> <td></td> </tr> <tr> <td>6. Did you observe restraints in use?</td> <td>N</td> <td></td> </tr> <tr> <td>7. If so, did you ask staff about the facility's restraint policies?</td> <td>N/A</td> <td></td> </tr> </tbody> </table> |   |  | Resident Profile               | Yes/No/NA | Comments/Other Observations | 1. Do the residents appear neat, clean and odor free?   | Y   |  | 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>         | Y |  | 3. Did you see or hear residents being encouraged to participate in their care by staff members?                                | Y |  | 4. Were residents interacting with staff, other residents & visitors? | Y   |  | 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | N/A |  | 6. Did you observe restraints in use?                        | N |  | 7. If so, did you ask staff about the facility's restraint policies?  | N/A |  |
| Resident Profile  | Yes/No/NA   | Comments/Other Observations  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 1. Do the residents appear neat, clean and odor free?   | Y   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>   | Y   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?  | Y   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 4. Were residents interacting with staff, other residents & visitors?   | Y   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?   | N/A   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 6. Did you observe restraints in use?   | N   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 7. If so, did you ask staff about the facility's restraint policies?  | N/A   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
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| Resident Living Accommodations  | Yes/No/NA   | Comments/Other Observations  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 8. Did residents describe their living environment as homelike?   | N/A   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 9. Did you notice unpleasant odors in commonly used areas?  | N   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 10. Did you see items that could cause harm or be hazardous?  | N   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 11. Did residents feel their living areas were too noisy?   | N   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 12. Does the facility accommodate smokers?<br>Where? Outside only   | Y   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 13. Were residents able to reach their call bells with ease?  | Y   | Although there was one room where the clip to attach the call bell to the bed rail was missing   |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 14. Did staff answer call bells in a timely & courteous manner?<br>If no, did you share this with the administrative staff?   | N/A   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Resident Services</th> <th style="width: 10%;">Yes/No/NA</th> <th style="width: 20%;">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>Y</td> <td></td> </tr> <tr> <td>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br/>Can residents access their monthly needs funds at their convenience?</td> <td>Y</td> <td></td> </tr> <tr> <td>17. Are residents asked their preferences about meal/snack choices?<br/>Are they given a choice about where they prefer to dine?</td> <td>Y</td> <td></td> </tr> <tr> <td>18. Do residents have privacy in making and receiving phone calls?</td> <td>N/A</td> <td></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? | Y   |  | 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br>Can residents access their monthly needs funds at their convenience? | Y |  | 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine? | Y |  | 18. Do residents have privacy in making and receiving phone calls?    | N/A |  |   |     |  |  |   |  |   |     |  |
| Resident Services   | Yes/No/NA   | Comments/Other Observations  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | Y   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br>Can residents access their monthly needs funds at their convenience?   | Y   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine?   | Y   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |
| 18. Do residents have privacy in making and receiving phone calls?  | N/A   |  |                                |           |                             |   |     |  |   |   |  |   |   |  |   |     |  |   |     |  |  |   |  |   |     |  |

|   |           |
|---|-----------|
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?   | Y         |
| 20. Does the facility have a Resident's Council? Family Council?  | Y         |
| <b>Areas of Concern</b><br><br>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?<br><br>No. Overall the facility seemed to be in better shape than the last time we visited. The complaints about food were less than before and the residents seemed to be in better spirits than we witnessed on earlier visits | Yes/No/NA |

### Exit Summary

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<br><b>Assisted Living</b>                   | Facility Name/Address<br>CHARTER SENIOR LIVING OF FOX HOLLOW<br>190 Fox Hollow Court<br>Pinehurst, NC 28374  |
|---|---|--|
| Visit Date: 11/13/25  | Time spent in facility: 1.5 hrs                           | Arrival time: 1 PM   |
| Exit Interview with: M. Nydia Brooks, Executive Director  |   |  |
| Committee Members Present: Jim DeKomfeld and Patricia Smith   |   | Report Completed by:<br>Patricia Smith   |
| 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:<br>(Required for Nursing Homes Only) N/A   | Staffing information Nursing Home clearly posted: Yes     |  |
| Resident Profile  | Yes/No/NA   | Comments/Other Observations  |
| 1. Do the residents appear neat, clean and odor free?   | Yes   |  |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> | Yes   |  |
| 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?  |   |  |
| Resident Living Accommodations  | Yes/No/NA   | Comments/Other Observations  |
| 8. Did residents describe their living environment as homelike?   | Yes   |  |
| 9. Did you notice unpleasant odors in commonly used areas?  | No  |  |
| 10. Did you see items that could cause harm or be hazardous?  | Yes   | Doorway to Maintenance and Mechanical area was open. Director informed and will address issue with staff.<br>This is the 2nd time this has been observed |
| 11. Did residents feel their living areas were too noisy?   | No  |  |
| 12. Does the facility accommodate smokers?<br>Where? Outside only <input checked="" type="checkbox"/> Inside only <input type="checkbox"/> Inside/Outside                         | Yes   | Back patio   |
| 13. Were residents able to reach their call bells with ease?  | Yes   |  |
| 14. Did staff answer call bells in a timely & courteous manner?<br>If no, did you share this with the administrative staff?   | Yes   |  |

| Resident Services   |           | Comments/Other Observations   |
|---|-----------|---|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | Yes       |   |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br>Can residents access their monthly needs funds at their convenience? | Yes       |   |
| 17. Are residents asked their preferences about meal/snack choices?<br>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       | Grace Church & Bible Studys<br>Musical Entertainers<br>Memory care has Music Cafe 3rd Tues open to public   |
| 19. Does the facility have a Resident's Council?<br>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?   | No        | Elevator down for repair. Only one elevator functional. Awaiting parts.<br>Doorway to Maintenance and Mechanical area should remain closed<br>Memory Care Residents 17:18 beds<br>Assisted Living: 69:75 beds<br>Staff are very positive and residents appear content and active. |

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# Community Advisory Committee Quarterly/Annual Visitation Report

|                        |                                |  |
|------------------------|--------------------------------|--|
| County: Moore          | Facility Type: Assisted Living | Facility Name/Address:<br>Magnolia Gardens<br>594 Murray Hill Road<br>Southern Pines, NC 28387 |
| Visit Date: 10/18/2025 | 1hr 5 min                      | Arrival time: 10 AM  |

Name of person exit interview was held with: Haleigh Wall, CNA, SIC  
Admin, Supervisor in Charge (SIC), Other Staff Rep

|  |                                    |
|--|------------------------------------|
| Committee Members Present: Jim Dekomfeld, Patricia Smith | Report Completed by Patricia Smith |
|--|------------------------------------|

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

|   |  |
|---|--|
| Resident Rights Information is clearly visible: Yes                                     | Ombudsman Contact Info is correct and clearly posted: Yes    |
| The most recent survey was readily accessible: N/A<br>(Required for Nursing Homes Only) | Staffing information Nursing <u>Home</u> clearly posted: N/A |

| 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 | Memory Care was very active<br>Not observed in assisted living       |
| 4. Were residents interacting with staff, other residents & visitors?   | Yes | Center entryway had residents socializing<br>Not observed with staff |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?   | —   | Not observed   |
| 6. Did you observe restraints in use?   | No  |  |
| 7. If so, did you ask staff about the facility's restraint policies?  | N/A |  |

| Resident Living Accommodations                                  | Yes/No/NA | Comments/Other Observations   |
|---|-----------|---|
| 8. Did residents describe their living environment as homelike? | No        | Rooms are small and often cluttered but do have personal items that appear from home. Residents interviewed had been in facility for at least 2 years or more.  |
| 9. Did you notice unpleasant odors in commonly used areas?      | No        |   |
| 10. Did you see items that could cause harm or be hazardous?    | No        |   |
| 11. Did residents feel their living areas were too noisy?       | No        | Memory care door alarm is extremely loud and activates with every coded entry and exit. There are two memory care rooms and two assisted living rooms directly adjacent to this door. Alarm sounds at every entry day or night. At the exit interview, SIC stated it was a State requirement that had recently been added.<br>No residents complained about this specific noise but it is very piercing and loud. |

|   |           |   |
|---|-----------|---|
| 12. Does the facility accommodate smokers?<br>Where? Outside only <input checked="" type="checkbox"/> Inside only <input type="checkbox"/> Inside/Outside                                 | Yes       | Designated smoking areas outside were clean<br>Memory care smokers are accompanied by staff member when outside smoking.  |
| 13. Were residents able to reach their call bells with ease?  | Yes       |   |
| 14. Did staff answer call bells in a timely & courteous manner?<br>If no, did you share this with the administrative staff?   | —         | No call bells were heard during visit   |
| <b>Resident Services</b>  |           | <b>Comments/Other Observations</b>  |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | Yes       | Activity calendar posted in each wing<br>Activity director on staff   |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br>Can residents access their monthly needs funds at their convenience? | Yes       |   |
| 17. Are residents asked their preferences about meal/snack choices?   | No        | Alternate menu is not published but residents can complete a form requesting soup and salad or soup and sandwich. Alternative menu appears very limited. Memory care unit residents were observed having a snack of fresh fruit (bananas) |
| 18. 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       | Minister led church services on Sundays<br>First Health Support Group Schedule by entryway.   |
| 19. Does the facility have a Resident's Council?<br>Family Council?   | Yes       | Resident's Council  |
| <b>Areas of Concern</b>   | Yes/No/NA | <b>Exit Summary</b>   |

|  |            |  |
|--|------------|--|
| <p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> | <p>Yes</p> | <p><b>Door alarm in memory care needs more investigation regarding State requirement. Why does it alert when staff enter authorized code? Most systems only alert with unauthorized entry or exit attempts.</b></p> <p><b>Kitchen sanitation score 99 on 10/25</b><br/> <b>Facility sanitation score 93.5 9/25</b><br/> <b>No active pest control at time of visit</b></p> <p><b>One complaint about too much chicken on menu but current menu reflects only one meal with chicken this week.</b></p> <p><b>There are continuing concerns of double occupancy roommate interpersonal conflicts and thefts.</b></p> <p><b>Total Residents: 84</b><br/> <b>Assisted Living: 52</b><br/> <b>Memory Care: 32 (Capacity 32)</b></p> <p><b>The outdoor garden areas are well kept and pleasant and easily accessible for both assisted living and memory care residents.</b></p> <p><b>There appears to be improvement in the general environment as this facility gradually implements remodeling projects.</b></p> |
|--|------------|--|

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