

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Adult Care/Memory Care	Facility Name/Address: Terre Bella 101 Brucewood, Southern Pines, NC 28387	
Visit Date: 4/21/23	Time spent in facility: 1 hr	Arrival time: 10 a.m.	
Name of person exit interview was held with: Jennifer Angel, Assistant Exec. Director		Interview was held: Phone 4/28/23	
Committee Members Present: Sandy Nusbaum, Ann Wolfe		Report Completed by: Sandy Nusbaum	
Number of Residents who received personal visits from committee members: 2			
Resident Rights Information is clearly visible: Yes		Ombudsman Contact Info is correct and clearly posted: Yes	
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: 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?		<u>yes</u> <u>yes</u> <u>yes</u> <u>yes</u> <u>n/a</u> <u>no</u> <u>n/a</u>	We saw staff interacting with resident sitting in the sun enjoying the beautiful day One resident we talked with showed us a spot on his leg he was concerned about.
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? <i>Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside</i> 13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? <i>If no, did you share this with the administrative staff?</i>		<u>yes</u> <u>yes</u> <u>no</u> <u>no</u> <u>n/a</u> <u>n/a</u> <u>n/a</u>	Odor in hall 100
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? <i>Can residents access their monthly needs funds at their convenience?</i>		<u>n/a</u> <u>n/a</u> <u>n/a</u>	
17. Are residents asked their preferences about meal/snack choices? <i>Are they given a choice about where they prefer to dine?</i> 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? <i>Family Council?</i>		<u>n/a</u> <u>yes</u> <u>yes</u> <u>n/a</u>	We saw outdated menus posted but no alternate choice menus.
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 interaction between residents. All the doors were closed and very quiet. The only interaction observed was in the activity room where there were 8 or 9 residents doing exercises. Other than two residents in reception area we saw no other residents except for the activity room.
This is our second visit when menus posted are outdated.
In memory care a man who was visiting his wife said the staff are good.
There is a support group which meets once/month.
There is a hair salon in memory care.
The facility is beautiful.

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit
No changes from previous visit concerns.
Executive director and assistant are both out for the day.
Per Jennifer AL social time is usually around 4-5 in the afternoon. More residents visible then in social area.
Per Jennifer weekly menus are posted along with alternate choices.

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Adult Care Home, Memory Care	Facility Name/Address: Seven Lakes 292 MacDougal West End, NC 27376	
Visit Date: 04/12/23	Time spent in facility: 1 hr .	Arrival time: 10:00 am Interview was held in Person	
Name of person exit interview was held with: Toni Lanni Administrator			
Committee Members Present: Sandy Nusbaum, Grace Anderson, Barbara Hainline		Report Completed by: Sandy Nusbaum	
Number of Residents who received personal visits from committee members: 5			
Resident Rights Information is clearly visible: Yes		Ombudsman Contact Info is correct and clearly posted: Yes	
The most recent survey was readily accessible: Yes (Required for Nursing Homes Only)		Staffing information clearly posted: Can be made available upon request	
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?		yes	
		n/a	
		yes	
		yes	Lots of staff interaction. Residents appear happy and well cared for..
		no	Staff helping those in Memory Care
		n/a	
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?		n/a	
		yes	Odor upon entering Memory Care
		yes	Due to painting items in hall. Water on floor outside room 202.
		n/a	Med room door unlocked.
11. Did residents feel their living areas were too noisy? 12. Does the facility accommodate smokers? Outside only		yes	
		yes	
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?		yes	
		n/a	
Resident Services		Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?		n/a	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?		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?		yes	
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?		n/a	
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?

Facility being repainted, rooms being refurbished. Much improvement noticed in the appearance of facility. Lots of effort!

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit
Safety of items in the hall due to refurbishsing.

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

Director informed us of a HUD visit on 4/27. There was a great deal of renovation being done during our visit to prepare for this. Rooms being painted and general clean up. Shed had been emptied in preparation for a new one being delivered. New furniture on order.

Marcos Bowzer is the new Activity Director. He presented a very caring attitude toward the residents. In fact he is planning a wedding for 2 of the long term memory care residents on 5/25.

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Nursing Home/Rehab	Facility Name/Address: Greens at Pinehurst 205 Rattlesnake Pinehurst, NC 28374	
Visit Date: 04/12/23	Time spent in facility: 1 hr. 40 min.	Arrival time: 11:45 a.m.	
Name of person exit interview was held with: Momin Amferede, Administrator			Interview was held in Person
Committee Members Present: Sandy Nusbaum, Grace Anderson, Barbara Hainline		Report Completed by: Sandy Nusbaum	
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 No	
The most recent survey was readily accessible: Yes Available at reception area on table.		Staffing information clearly posted: Available at reception area	
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?	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?	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	Hall 100 equipment on both sides.	
11. Did residents feel their living areas were too noisy?	n/a		
12. Does the facility accommodate smokers? 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?	No Yes	Observed call bell ringing at least 10 minutes. Residents wait for a long time to get attention. wait	
Resident Services	Yes/No/NA	Comments/Other Observations	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	n/a		
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	n/a		
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	Dining room available minimal times/week. Plans in place for improvement per Momin. Most residents eating in their rooms.	
18. Do residents have privacy in making and receiving phone calls?	Yes		
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes		
20. Does the facility have a Resident's Council? Family Council?	Yes		
Areas of Concern	Yes/No/NA	Exit Summary	

Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Ask residents about call bell response time. Observe how much equipment in halls. Ask Momin about dining room usage improvements.

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

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

Director Momin Afrede has only been there since mid February. He has had staffing difficulties with people leaving and hiring new people. He is in the process of getting fully staffed and making changes where he feels is needed. He is utilizing outside staffing services as fill in at this time.

We discussed in depth why the dining room was not being utilized. It seems to be a staffing issue and getting residents out of their rooms to the dining room. Menus were not posted. Use of the dining room should be noted on the next visit.

Rehab area has nice outdoor area for exercise and is appeared well equipped machine wise for rehab. At this time rehab is the bulk of their residents.

We spent considerable time going over the length of call bell response. At this time nurses at their station can turn off call bells without going into the rooms. Momin states he is going to change this to the nurses having to go into rooms to turn them off. This should be verified on the next visit.

We were there at lunch time and the food looked good. Momin stated this is one of the first changes he had made.

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type Nursing Home: Nursing Home, Assisted Living, Rehab CCRC	Facility Name/Address: Pennick Village 500 Rhode Island Southern Pines, NC 28387	
Visit Date: 4/07/2023	Time spent in facility: 2hr	Arrival time: 10:00 AM	
Name of person exit interview was held with: Raymond Estevez- Health Care Administrator Interview was held in Person			
Committee Members Present: Sandy Nusbaum, Ann Wolfe		Report Completed by: Sandy Nusbaum	
Number of Residents who received personal visits from committee members: 8			
Resident Rights Information is clearly visible: Yes		Ombudsman Contact Info is correct and clearly posted: Yes	
The most recent survey was readily accessible: Yes – on wall <i>Required for Nursing Homes Only</i>		Staffing information clearly posted: Yes – on wall	
Resident Profile		Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?		Yes	One resident stated "sloppy people" Resident said "short staff".
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>		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	Staff helping resident in dining area
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?		Yes	One resident said "very happy here".
9. Did you notice unpleasant odors in commonly used areas?		Yes	Slight odor in 100
10. Did you see items that could cause harm or be hazardous?		Yes	Many items near resident's door in 200 hall. Door unlocked in 200 hall with sign saying to shut & lock it. 2 nd time pointing out that evacuation plan posed not readable.
11. Did residents feel their living areas were too noisy?		No	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside		N/A	
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?		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?		Yes	We went on Good Friday and the Easter Bunny made an appearance in the residents' rooms. Nice touch!
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?		N/A N/A	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?		Yes Yes	Meals & options posted. One resident stated not getting diabetic diet.
18. Do residents have privacy in making and receiving phone calls?		Yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?		Yes	Several activity boards posted.
20. Does the facility have a Resident's Council? Family Council?		Yes	

Areas of Concern**Yes/No/NA****Exit Summary**

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?
Mr. Estevez stated a new dietary "Meal Suites" was initiated on April 1. Food delivery and appropriate diet should be noticed. Have hired a new Certified Dietary Manager.
New Activities Director has been hired: Lacy Loo

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

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Nursing Home Please note name change to facility	Facility Name/Address: Dahlia Garden Center for Nursing and Rehab 915 Pee Dee Road Aberdeen, NC
Visit Date: 3/20/23	Time spent in facility: 1 hr 30 min	Arrival time: 10:00 a.m.

Name of person exit interview was held with: Deborah Griggs - Administrator	Interview was held in Person
---	------------------------------

Committee Members Present: Ann Wolfe, Sandy Nusbaum	Report Completed by: Sandy Nusbaum
---	------------------------------------

Number of Residents who received personal visits from committee members: 9	
--	--

Resident Rights Information is clearly visible: Yes The most recent survey was readily accessible: Yes Book available at entrance in holder on wall	Ombudsman Contact Info is correct and clearly posted: Yes Staffing information clearly posted: Request as Nurses Station
---	---

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?	n/a	

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	Items in hall. Unlabeled bottle of liquid on floor in hall.
11. Did residents feel their living areas were too noisy?	no	
12. Does the facility accommodate smokers? Outside only	yes	
13. Were residents able to reach their call bells with ease?	no	Call bell on floor behind bed in hall 100.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	no	Resident stated sometimes takes 1 hr. to get help to use restroom.

Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	n/a	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	no yes	Administrator stated resident must ask for a menu to be brought to room for those who want to eat in their room. Resident didn't seem to be aware of that. Several residents stated they do not have choice of meal.
18. Do residents have privacy in making and receiving phone calls?	yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	yes	
20. Does the facility have a Resident's Council? Family Council?	yes	

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

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

Ask if residents can now get a menu on their room. If a resident does not go out of their room they will not see menu displayed in halls.

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

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Adult Care Home	Brookdale 17 Regional Drive Pinehurst, NC 28374
Visit Date: 3-20-23	Time spent in facility: 30 min	Arrival time: 12:00 pm

Name of person exit interview was held with: Elizabeth Crawford Administrator

Interview was held in Person

Committee Members Present: Ann Wolfe, Sandy Nusbaum

Report Completed by: Sandy Nusbaum

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: No

The most recent survey was readily accessible: Required for
Nursing Homes Only

Staffing information clearly posted: Can be requested

Resident Profile

Yes/No/NA

Comments/Other
Observations

1. Do the residents appear neat, clean and odor free?
2. Did residents say they receive assistance with personal care activities? *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*
3. Did you see or hear residents being encouraged to participate in their care by staff members?
4. Were residents interacting with staff, other residents & visitors?
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?
6. Did you observe restraints in use?
7. If so, did you ask staff about the facility's restraint policies?

yes

n/a

yes

yes

yes

no

n/a

Resident Living Accommodations

Yes/No/NA

Comments/Other
Observations

8. Did residents describe their living environment as homelike?
9. Did you notice unpleasant odors in commonly used areas?
10. Did you see items that could cause harm or be hazardous?
11. Did residents feel their living areas were too noisy?
12. Does the facility accommodate smokers?
Where? Outside only Inside only Both Inside/Outside
13. Were residents able to reach their call bells with ease?
14. Did staff answer call bells in a timely & courteous manner?
If no, did you share this with the administrative staff?

yes

no

no

no

n/a

n/a

n/a

There was a chair in 200 hall and it was immediately removed by Administrator.

Did not visit in rooms as everyone at lunch
Did visit in M/C

Resident Services

Yes/No/NA

Comments/Other
Observations

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

yes

yes

n/a

yes

yes

yes

n/a

Everyone encouraged to eat in dinning room unless they physically cannot.

Areas of Concern

Yes/No/NA

Exit Summary

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

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit
This was my first visit to Brookdale in three years. It was very clean as was all their residents. All residents had positive comments regarding their care.

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Nursing Home	Facility Name/Address: Peak Resources Pinelake 801 Pinehurst Avenue Carthage, NC 28327	
Visit Date: 03/16/23	Time spent in facility: 1 hr	Arrival time: 10:00 am	
Met with: Thad Morgan Administrator, Kelly Bates, D.O.N.			
Committee Members Present: Sandy Nusbaum and Barbara Hainline, Grace Anderson		Report Completed By Sandy Nusbaum	
Number of Residents who received personal visits from committee members: 7			
Resident Rights Information is clearly visible: Yes The most recent survey was readily accessible: <i>(Required for Nursing Homes Only)</i>	Ombudsman Contact Info is correct and clearly posted: Yes Staffing information clearly posted: Yes		
Resident Profile		Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes		
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	Yes		
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes		
4. Were residents interacting with staff, other residents & visitors?	Yes		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	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?	Yes		
9. Did you notice unpleasant odors in commonly used areas?	Yes	Strong odor on 200 hall	
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 type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	N/A		
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?	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?	Yes		
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	N/A		
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes		
18. Do residents have privacy in making and receiving phone calls?	N/A		
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes		
20. Does the facility have a Resident's Council? Family Council?	Yes		
Areas of Concern		Yes/No/NA	Exit Summary

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

No	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>I had not been at Peak for 3 yrs. due to Covid. The facility is fresh, very clean, with many postings of Activities of Daily Living (what can be expected from staff during the shift), areas where comments can be posted regarding staff, how to file complaint. All of these are very helpful for family and visitors.! Excellent video display with helpful information including menus, activity calendar, birthdays, etc.</p> <p>The State Surveyors were on site the day of our visit.</p> <p>Two sanitation ratings were posted: 100% for cleanliness of facility and 98.5% for maintenance area.</p>
----	--

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

County: Moore	Facility Type: Adult Care	Facility Name/Address: Tara Plantation 820 S. McNeil Carthage, NC 28327
Visit Date: 03/ 16 /23	Time spent in facility: 40 min	Arrival time: 10 am
Name of person exit interview was held with: Kathy Huffman-Owner and Mary Ledford Administrator Interview was held in Person		
Committee Members Present: Sandy Nusbaum, Barbara Hainline, Grace Anderson		Report Completed by: Sandy Nusbaum
Number of Residents who received personal visits from committee members: 3		
Resident Rights Information is clearly visible: Yes The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	Ombudsman Contact Info is correct and clearly posted: Yes Staffing information clearly posted: Yes	
Resident Profile <ul style="list-style-type: none"> 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? 		Yes/No/NA Comments/Other Observations
Resident Living Accommodations <ul style="list-style-type: none"> 8. Did residents describe their living environment as homelike? 9. Did you notice unpleasant odors in commonly used areas? 10. Did you see items that could cause harm or be hazardous? 11. Did residents feel their living areas were too noisy? 12. Does the facility accommodate smokers? Where? Outside only 13. Were residents able to reach their call bells with ease? 		Yes/No/NA Comments/Other Observations
<ul style="list-style-type: none"> 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff? 		Yes/No/NA Comments/Other Observations
Resident Services <ul style="list-style-type: none"> 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? 		Yes/No/NA Comments/Other Observations

20. Does the facility have a Resident's Council? Family Council?	Yes	
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Observe number of residents out and about and not sleeping with doors closed. Suggest not making visits on a Thursday as they have shopping twice a month on that day.	Yes/No/NA	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit The only residents seen were the 8 in the living area and two ladies waiting at 11:20 a.m. for lunch to be served at 11:45, and one lady in the activity room working a puzzle. Most doors were closed and residents were not speaking or mingling with each other. We were told this is day they go shopping, which is twice a month. In memory care doors were shut and there were no residents out except for 1 man at the main station in memory care standing with a staff member., Small puppy 4 mos. old in Administrator's office. Puppy entertains residents in activity room. Facility owners puppy.

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Assisted Living/Memory Care <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home Memory Care	Magnolia Gardens ACH/MC 594 Murray Hill Road Southern Pines, NC 28387 910-692-6311
Visit Date: 05/26 /2023	Time spent in facility: 1 hr 00 min	Arrival time: 1:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of person exit interview was held with: Debbie Ogburn <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title)
Committee Members Present: Helen Schillaci, Sandy Nusbaum, and Silva Porter-Deal		Report Completed by: Silva Porter-Deal
Number of Residents who received personal visits from committee members: Three		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) NA		Staffing information clearly posted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No It does not have to be posted in Assisted Living
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?	Yes Yes NA Yes Yes No NA	The memory care unit or floor was dirty. Residents were just finishing lunch.
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?	Yes Yes No	Almost like home 200, 500, and outside of the memory care unit. The carpet will need to be replaced due to the residents placing their under pads on the floor and the urine seeping through the carpet. . The telephone/electrical closet was left open because they had a busted water pipe and were making repairs.
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?	No Yes Yes Yes	
Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	NA	Activities calendar posted
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	The staff will go and get the items. They are able to receive funds for anything during the day.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes	The residents can make choices for the alternate menu. The residents receive three snacks each day.

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"/> X Adult Care Home /MC	Facility Name/Address: Coventry 105 Gossman Dr Southern Pines, NC
Visit Date 5-27-23	Time spent in facility: 35 min	Arrival time: 10:40 : am <input type="checkbox"/> pm

Name of person exit interview was held with: Ashley Robinson

Interview was held: in Person Phone

X Admin. SIC (Supervisor in Charge) Other Staff Rep.

(Name & Title)

Committee Members Present: Madeline Mercer, Jeff Mercer, Silva Porter-Deal, Helen Schillaci

Report Completed by:
Madeline Mercer

Number of Residents who received personal visits from committee members: 8

Resident Rights Information is clearly visible : x Yes <input type="checkbox"/>	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 No, ask front desk

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

Resident Living Accommodations	Yes/No/ NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	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? Where? X 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	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	y	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	y	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	y	
18. Do residents have privacy in making and receiving phone calls?	y	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	y	
20. Does the facility have a Resident's Council? Family Council?	y	
Areas of Concern	Yes/No/ NA	Exit Summary
	n	Residents have necklace pendants instead of call bells. Staff grocery shops for residents every Thursday.

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home Adult Care Home /MC	Facility Name/Address: Quail Haven 155 Blake Blvd Pinehurst, Nc
Visit Date 4/20/23	Time spent in facility: 1.5 hrs	Arrival time: 9:30 : am pm

Name of person exit interview was held with: Crystal Hofstetter

Interview was held: in Person Phone

Admin. SIC (Supervisor in Charge) Other Staff Rep. (Name & Title)

Committee Members Present: Madeline Mercer, Jeff Mercer, Helen Schillaci

Report Completed by:
Madeline Mercer

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

Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information clearly posted: <input checked="" type="checkbox"/> Yes No, ask front desk

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?	no	

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	Smell of cigarette smoke (could have been a delivery person)
10. Did you see items that could cause harm or be hazardous?	yes	Cluttered hallways, Medicine carts unlocked and unattended, Medical prep door unlocked.
11. Did residents feel their living areas were too noisy?	no	

12. Does the facility accommodate smokers?

Where? X Outside only Inside only Both Inside/Outside

no

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

yes

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

Yes

If no, did you share this with the administrative staff?

but, slow in responding to some

Resident Services

Yes/No/

NA

Comments/Other Observations

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

yes

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

yes

Can residents access their monthly needs funds at their convenience?

17. Are residents asked their preferences about meal/snack choices?

yes

Are they given a choice about where they prefer to dine?

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

yes

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

yes

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

yes

Areas of Concern

Yes/No/

NA

Exit Summary

Clutter in hallway, prep room unlocked hall 400; med cart unlocked hall 500; 12 hour shifts where staff is over worked and understaffed

yes

Issues were presented and well received to be addressed

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input checked="" type="checkbox"/> X Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home /MC	Facility Name/Address: Rosemary Cottage 155 Blake Blvd Bldg 216 Pinehurst, NC
Visit Date 4/20/23	Time spent in facility: 30 min	Arrival time: 11:00 : am <input type="checkbox"/> pm

Name of person exit interview was held with: Krystal Hofstetter

Interview was held: in Person Phone

Admin. SIC (Supervisor in Charge) Other Staff Rep. (Name & Title)

Committee Members Present: Madeline Mercer, Jeff Mercer,
Helen Schillaci

Report Completed by:
Madeline Mercer

Number of Residents who received personal visits from committee members: 1

Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> x	Ombudsman Contact Info is correct and clearly posted: Yes <input checked="" type="checkbox"/> x No
---	---

The most recent survey was readily accessible <input checked="" type="checkbox"/> x Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information clearly posted: <input checked="" type="checkbox"/> x Yes No, ask front desk
---	---

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?	no	
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	Have to have staff to take them to Quail Haven for activities
6. Did you observe restraints in use?	no	
7. If so, did you ask staff about the facility's restraint policies?	no	

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?	no	
10. Did you see items that could cause harm or be hazardous?	no	
11. Did residents feel their living areas were too noisy?	no	

12. Does the facility accommodate smokers?
Where? Outside only Inside only Both
Inside/Outside

yes

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

yes

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

yes

If no, did you share this with the administrative staff?

Resident Services

Yes/No/
NA

Comments/Other
Observations

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

yes

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

yes

Can residents access their monthly needs funds at their convenience?

17. Are residents asked their preferences about meal/snack choices?

yes

Are they given a choice about where they prefer to dine?

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

yes

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

yes

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

yes

Areas of Concern

Yes/No/
NA

Exit Summary

no

We shared with Krystal how dark the facility was and the long hours the staff worked. 12 hour shifts

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Assisted Living/Memory Care <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home	Facility Name/Address: Fox Hollow Senior Living ACH/MC 190 Fox Hollow Road Pinehurst NC 28374
Visit Date: 04 /27 /2023	Time spent in facility: hr 45 min	Arrival time: 11:36 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: Nydia Brooks <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title)
Committee Members Present: Helen Schillaci, Jeff Mercer, Madeline Mercer and Silva Porter-Deal		Report Completed by: Silva Porter-Deal
Number of Residents who received personal visits from committee members: five		
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) NA		Staffing information clearly posted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No It does not have to be posted in Assisted Living
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	The residents were all eating 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>	Yes	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
4. Were residents interacting with staff, other residents & visitors?	Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	NA	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	NA	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	In the elevatior closest to the dinning hall There was a puddle of water near the pool room and there was a dead bug on the floor under the table.
9. Did you notice unpleasant odors in commonly used areas?	Yes	
10. Did you see items that could cause harm or be hazardous?	Yes	
11. Did residents feel their living areas were too noisy?	No	
12. Does the facility accommodate smokers? Where? <input 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?	NA	
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?	Yes	Ms. Brooke stated they had bells, but the resident was at lunch, and we were not able to observe.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	YEs	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes	

18. Do residents have privacy in making and receiving phone calls?	Yes	Some residents have a land line and cells phone. Then can also make care for the community phone.
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	Family Council every quarter and Residents' Council the 3rd Wednesday of every month.
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Yes/No/NA	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home Adult Care Home /MC	Facility Name/Address: Pinehurst rehab and nursing 300 Blake Rd Pinehurst.NC
Visit Date: 4/20/23	Time spent in facility: 1 hour	Arrival time: 1135 X : am <input type="checkbox"/> pm

Name of person exit interview was held with:

Interview was held: in Person Phone Misty Morrison, Administrator
 Admin. SIC (Supervisor in Charge) Other Staff Rep. (Name & Title)

Committee Members Present: Helen Schillaci, Madeline Mercer, Jeff Mercer	Report Completed by: Jeff Mercer
--	-------------------------------------

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

Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--

The most recent survey was readily accessible Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information clearly posted: X Yes No, ask front desk
---	---

Resident Profile	Yes/No/ NA	Comments/Other Observations						
		No	Yes	Yes	Yes	Yes	No	No
1. Do the residents appear neat, clean and odor free?		No						Resident had soiled shirt
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					Hallway 300 had Oxygen tank door unlocked. There were plastic glasses on handrail in hall 200
3. Did you see or hear residents being encouraged to participate in their care by staff members?				Yes				Supply closet unlocked in hallway 200
4. Were residents interacting with staff, other residents & visitors?					Yes			Hallway 600 Med cart unlocked
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?						Yes		Lighting was good in hallways
6. Did you observe restraints in use?							No	
7. If so, did you ask staff about the facility's restraint policies?							No	

Resident Living Accommodations	Yes/No/ NA	Comments/Other Observations			
		No	Yes	No	No
8. Did residents describe their living environment as homelike?		No			
9. Did you notice unpleasant odors in commonly used areas?			Yes		
10. Did you see items that could cause harm or be hazardous?				No	
11. Did residents feel their living areas were too noisy?					No

12. Does the facility accommodate smokers?
Where? Outside only Inside only Both Inside/Outside

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

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

No
Yes
Yes

This is a no 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?	Yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	Yes	
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?	Yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a Resident's Council? Family Council?	Yes	
Areas of Concern	Yes/No/ NA	Exit Summary
	no	Areas of concern were addressed and being dealt with. all issues were addressed and are easily fixed.

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home	Facility Name/Address: St. Joseph's of the Pines 103 Gossman Dr.; Southern Pines, NC
Visit Date: 4-27-23	Time spent in facility: 1 hr 5 min	Arrival time: 9:30 : x <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: <input type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title)
Phyllis Jones, Director		
Committee Members Present: Helen Schillaci, Madeline Mercer, Jeff Mercer, Silva Porter-Dale		Report Completed by: Jeff Mercer

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

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?	Y	Residents described care as good and that the food was good
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 Living Accommodations	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Storage closets were unlocked in hall 300 and 600. Treatment cart unlocked on hall 600. On hall 200 a resident needed help with call bell.
9. Did you notice unpleasant odors in commonly used areas?	
10. Did you see items that could cause harm or be hazardous?	
11. Did residents feel their living areas were too noisy?	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	
13. Were residents able to reach their call bells with ease?	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	

Resident Services	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	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?	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	
18. Do residents have privacy in making and receiving phone calls?	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	
20. Does the facility have a Resident's Council? Family Council?	

Areas of Concern	Exit Summary
------------------	--------------

Were 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 <input checked="" type="checkbox"/> Corrections were made since last visit., list what they were. Floors with wires taped down have been replaced
--	---	---

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