

## Community Advisory Committee Quarterly/Annual Visitation Report

|  |                                   |  |
|--|-----------------------------------|--|
| County: Moore  | Facility Type:<br>Adult Care Home | Facility Name/Address: Aegis<br>125 Longleaf<br>Southern Pines, NC 28387 |
| Visit Date: 1 /25 / 23   | Time spent in facility: 30 min    | Arrival time: 12:15: pm  |
| Name of person exit interview was held with:<br>(Supervisor in Charge) Name: Sheria  |                                   | Interview was held: in Person  |
| Committee Members Present: Carolyn Pennington, Sandy Nusbaum plus two field trainees   |                                   | 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: Yes                |
| The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(Required for Nursing Homes Only) |                                   | Staffing information clearly posted: N/A                                 |

  

| Resident Profile  | Yes/No/NA | Comments/Other Observations  |
|---|-----------|--|
| 1. Do the residents appear neat, clean and odor free?   | Yes       | We were there at lunch time. All except one resident was at the lunch table. The one exception was in her room fixing her hair before coming to lunch. Lunch looked really 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> | N/A       |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?  | N/A       |  |
| 4. Were residents interacting with staff, other residents & visitors?   | Yes       |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?   | Yes       |  |
| 6. Did you observe restraints in use?   | No        |  |
| 7. If so, did you ask staff about the facility's restraint policies?  | N/A       |  |

  

| Resident Living Accommodations   | Yes/No/NA | Comments/Other Observations       |
|--|-----------|-----------------------------------|
| 8. Did residents describe their living environment as homelike?  | Yes       | They spoke of how homelike it is. |
| 9. Did you notice unpleasant odors in commonly used areas?   | No        |                                   |
| 10. Did you see items that could cause harm or be hazardous?   | No        |                                   |
| 11. Did residents feel their living areas were too noisy?  | N/A       |                                   |
| 12. Does the facility accommodate smokers?<br>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?   | N/A       |                                   |
| 14. Did staff answer call bells in a timely & courteous manner?<br>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?<br>Can residents access their monthly needs funds at their convenience? | N/A       |                             |
| 17. Are residents asked their preferences about meal/snack choices?<br>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?   | N/A              |   |
| 20. Does the facility have a Resident's Council?<br>Family Council?   | N/A              |   |
| <b>Areas of Concern</b>   | <b>Yes/No/NA</b> | <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>Residents spoke of what a great family atmosphere exists here. Everyone happy, well groomed, and clean. They told of when one resident seems down they all help that resident to feel better. Truly a family atmosphere. Several told of experiences in the military.<br/>Staff very friendly. Lot of interaction with residents.<br/>Most of our time was spent interacting with residents while they ate their lunch. We did view resident rooms and all were clean and tidy.<br/>The next visit should not be at lunch time.</p> | No               | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> |

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# Community Advisory Committee Quarterly/Annual Visitation Report

|   |   |   |
|---|---|---|
| County: Moore   | Facility Type:<br>Adult Care & Skilled Nursing Facility | Quail Haven<br>155 B lake Blvd.<br>Pinehurst, North Carolina        |
| Visit Date: 11/3/22   | Time spent in facility: 1 hr. 15 min                    | Arrival time: 10:00 am  |
| Name of person exit interview was held with: Crystal Hofstetter, Executive Director |   | Interview was held in Person  |
| Committee Members Present: Sylva Porter-Deal, Sandy Nusbaum                         |   | Report Completed by: Sandy Nusbaum                                  |
| Number of Residents who received personal visits from committee members: Five       |   |   |
| Resident Rights Information is clearly visible: Yes                                 |   | Ombudsman Contact Info is correct and clearly posted: Yes           |
| The most recent survey was readily accessible: In 300 hall at nurses station        |   | Staffing information clearly posted: In 300 hall at 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>         | N/A       | Hall 400: med. prep room sign states lock door. Door was not locked.  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?  | No        | Hall 500: Nursing Supply closet sign states lock door. Door was not locked.   |
| 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?   | N/A       | Due to time of day many residents were sleeping.  |
| 6. Did you observe restraints in use?   | No        |   |
| 7. If so, did you ask staff about the facility's restraint policies?  | N/A       |   |
| Resident Living Accommodations  | Yes/No/NA | Comments/Other Observations   |
| 8. Did residents describe their living environment as homelike?   | N/A       |   |
| 9. Did you notice unpleasant odors in commonly used areas?  | No        |   |
| 10. Did you see items that could cause harm or be hazardous?  | No        |   |
| 11. Did residents feel their living areas were too noisy?   | N/A       | Hall 600: resident needed wheelchair to stand, walk and dress. Waited 4-1/2 hrs. for help after using call bell.  |
| 12. Does the facility accommodate smokers?  | No        |   |
| 13. Were residents able to reach their call bells with ease?  | Yes       | Hall 500: after Dr. appt. resident in pain and alone in wheelchair for 1 hr. in room. Needed help to get into bed. Spouse helped when he arrived for a visit. |
| 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   | Yes/No/NA | Comments/Other Observations   |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | Yes       | Activity observed while we were there. There is a beautiful handmade activity board. Very easy to read. Very nice employee recognition board.                 |
| 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       | Most residents have family members doing their shopping for them.   |
| 17. Are residents asked their preferences about meal/snack choices?<br>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?<br>Family Council?   | Yes              |  |
| <b>Areas of Concern</b>   | <b>Yes/No/NA</b> | <b>Exit Summary</b>  |
| Are there resident issues or topics that need follow-up or review at a later time or during the next visit? | Yes              | Suggest discussing call bells with residents to see if concerns still exist. |

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# Community Advisory Committee Quarterly/Annual Visitation Report

|   |   |   |
|---|---|---|
| County: Moore   | Facility Type: SNF, Memory Care                           | Facility Name/Address: Accordius of Aberdeen, 915 Pee Dee Rd., Aberdeen |
| Visit Date: 1/23/23   | Time spent in facility: 1 hr, 15min                       | Arrival time: 10:00 a.m.  |
| Name of person exit interview was held with: Debra Griggs, Executive Director / Michelle DN |   | Interview was held in Person  |
| Committee Members Present: Sandi King, Barbara Hainline, Kathryn Doddridge                  |   | Report Completed by: Barbara Hainline                                   |
| 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>(Required for Nursing Homes Only)     | Staffing information clearly posted: No                   |   |

| Resident Profile  | Yes/No/NA | Comments/Other Observations   |
|---|-----------|---|
| 1. Do the residents appear neat, clean and odor free?   | Yes       | We witnessed residents being helped getting dressed.  |
| 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?   | N/A       |   |
| 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       | Nurses station has been remodeled and is very light and airy.   |
| 9. Did you notice unpleasant odors in commonly used areas?  | No        | We noticed very little interaction between residents; we were told Covid has been the primary cause. Residents are "staying to themselves" more now.  |
| 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?<br>Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside   | Yes       | 1 outdoor section   |
| 13. Were residents able to reach their call bells with ease?  | Yes       | One incident noted in Memory Care where call light was on and we didn't see anyone responding. The resident was on the toilet and asked us for assistance. We went and got the nurse. We were told that usually there is someone with this resident the entire time when she is on the toilet. We also heard from a resident that there are longer response times to call bells on the weekends. The Director believes this problem is due to agency staffing during this time; she is working on it. |
| 14. Did staff answer call bells in a timely & courteous manner?<br>If no, did you share this with the administrative staff?   | No        |   |
| Resident Services   | Yes/No/NA | Comments/Other Observations   |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | Yes       |   |
| 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? | No<br>No         | There were options available. No complaints on food with those we spoke to.    |
| 18. Do residents have privacy in making and receiving phone calls?  | Yes              | Cordless house phone available   |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?                                 | Yes              |  |
| 20. Does the facility have a Resident's Council?<br>Family Council?   | Yes              | Monthly meetings.  |
| <b>Areas of Concern</b>   | <b>Yes/No/NA</b> | <b>Exit Summary</b>  |
| Are there resident issues or topics that need follow-up or review at a later time or during the next visit?                     | Yes              | Make sure drug carts are locked as well as drug room. We found these unlocked. |

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We did have a resident say that the Podiatrist (who comes every other month) used the same file on her that he used on others. She related that she got an infection from this. Director made a note to speak with them when they come next time.

Staffing wasn't an issue.

Debra (the Administrator) has only been here one week. She is in the process of making changes to some of the issues we brought to her attention. She is looking at ways to increase more interaction between residents. She is also beginning to spruce up the outside to make it more inviting.

# Community Advisory Committee Quarterly/Annual Visitation Report

|  |   |  |
|--|---|--|
| County: Moore  | Facility Type: AL, Memory Care                            | Facility Name/Address: Brookdale, 17 Regional Drive, Pinehurst, NC 28374 |
| Visit Date: 1/23/23  | Time spent in facility: 1 hour                            | Arrival time: 11:40 a.m.   |
| Name of person exit interview was held with: Elizabeth Lipsey-Crawford (ED) and Kim Kimrey (HWD) |   | Interview was held in Person   |
| Committee Members Present: Sandi King, Barbara Hainline, Kathryn Doddridge                       |   | Report Completed by: Sandi King  |
| Number of Residents who received personal visits from committee members: 3 (and 1 staff member)  |   |  |
| 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)              | Staffing information clearly posted: No                   |  |

| Resident Profile | Yes/No/NA | Comments/Other Observations |
|------------------|-----------|-----------------------------|
|------------------|-----------|-----------------------------|

- |   |             |  |
|---|-------------|--|
| 1. Do the residents appear neat, clean and odor free?   | Yes         |  |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> | Yes         | We observed one resident having her hair done in the salon, and another indicated she was having hers done today, too. |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?  | Very little |  |
| 4. Were residents interacting with staff, other residents & visitors?   | Very little |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?   | N/A         | Did not observe  |
| 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 |
|--------------------------------|-----------|-----------------------------|
|--------------------------------|-----------|-----------------------------|

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|---|-----|--|
| 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 | Construction material outside of Room 211  |
| 11. Did residents feel their living areas were too noisy?   | No  |  |
| 12. Does the facility accommodate smokers?<br>Where?  | Yes | Outside only                               |
| 13. Were residents able to reach their call bells with ease?  | N/A | This is AL so call bells in bathrooms only |
| 14. Did staff answer call bells in a timely & courteous manner?<br>If no, did you share this with the administrative staff? | N/A | Did not observe.                           |

| 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?   | ??         | See comments |
| 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 |              |
| 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        | See comments |
| 20. Does the facility have a Resident's Council?<br>Family Council?   | Yes        | Held monthly |

| 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 |
|---|-----|--|

Just a note: there were active COVID cases in Memory Care, so we did not enter.

We were told the construction material outside of Room 211 was for a "reset" for a new resident and that there were no current residents in that particular hallway at this time (so no tripping hazard). Worth looking at during the next visit.

Activities were not clear to us as visitors. We did not see a calendar posted. We addressed during our exit interview and were told there is a "standard schedule" that is followed most days (i.e., fitness, games, movies, beauty treatments). There are also specialty types of activities on a less frequent basis such as church, line dancing, music, etc. from outside groups.

We saw very little residents interacting with each other. We believe the biggest issue is...they are at very low capacity right now. They have 42 total beds in the facility and only 27 are in use. Very, very quiet. They are hoping for an uptick in residents in the next 30-60 days. We noticed many people sitting alone in the dining room to eat which seemed sad to us. We were assured this was resident choice.

The HWD (Health & Wellness Director) was interviewing staff when we walked in; she indicated to us that staffing is an ongoing issue which is not a surprise.

As always, Brookdale is very clean, organized and pretty so nothing of major concern to report.



## Community Advisory Committee Quarterly/Annual Visitation Report

|  |   |   |
|--|---|---|
| County: Moore  | Facility Type: Adult Care, SNF                            | Facility Name/Address: Penick Village, 500 E. Rhode Island Ave., Southern Pines |
| Visit Date: 2/7/23   | Time spent in facility: 1 hour, 30 minutes                | Arrival time: 10:20 a.m.  |
| Name of person exit interview was held with:<br>Janell Reynolds, DoN (administrator unavailable)                               |   | Interview was held in Person  |
| Committee Members Present: Sandi King, Barbara Hainline, Ann Wolfe   |   | Report Completed by: Sandi King   |
| Number of Residents who received personal visits from committee members: 5 (we also chatted with 2 staff members plus the DoN) |   |   |
| 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>(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?   | Mostly    | We saw a resident with dirty/stained pants.   |
| 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>         | 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?   | A little  |   |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?   | N/A       | Did not observe   |
| 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?   | Some did  |   |
| 9. Did you notice unpleasant odors in commonly used areas?  | No        |   |
| 10. Did you see items that could cause harm or be hazardous?  | Yes       | See list of concerns below  |
| 11. Did residents feel their living areas were too noisy?   | No        |   |
| 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   | Yes       | Outside only  |
| 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?   | ??        | See comments below  |
| 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?   | ??        | We did not observe them being asked; however, there was a variety of activities offered on the posted calendars around the facility. We did not see any of these activities taking place. |
| 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? | N/A       |   |
| 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine?   | Yes       | There appears to be a variety of food choices and residents may choose where to dine.   |
| 18. Do residents have privacy in making and receiving phone calls?  | Yes       | Phones in rooms.  |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?   | Yes       | Church groups, outside musicians  |
| 20. Does the facility have a Resident's Council?<br>Family Council?   | Yes       | Monthly meeting   |
| 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 | See comments |
|---|-----|--------------|

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#### COMMENTS:

- Administrator "in a meeting" and not available; we met with the DoN who seemed very appreciative of our feedback.
- Room 140 call bell issue (seemed to be malfunctioning). We did not observe any other call bells during our visit.
- Area near Room 120 - quite a few laundry bins, blood pressure monitors, lifts, and an office chair cluttering the hall.
- Area near Room 161 - multiple carts and equipment in the hallway.
- Posted evacuation instructions are VERY faded and almost unreadable.
- Dirty table, empty used cups, used spoon, spill on the floor of the dining room. We noticed all of this had been cleaned up by the end of our visit.
- Unlocked supply cart near the nursing station on the first floor.
- Unlocked and open Housekeeping room on the 2<sup>nd</sup> floor even though the door is clearly marked, "KEEP THIS DOOR CLOSED AND LOCKED"
- Multiple residents appeared unable to converse with us in Skilled Nursing.
- We generally did not see a lot of interaction between residents and staff.
- Assisted Living (2<sup>nd</sup> floor) seems almost deserted; no residents seen in the activity rooms, or interacting with each other.
- One resident on the 1<sup>st</sup> floor indicated she is "thirsty all of the time" but was unable to give us information.
- One resident seemed to be having an anxiety attack on the 2<sup>nd</sup> floor and was in her wheelchair in the hallway with a friend. The med techs in the vicinity claimed they were addressing her issues but did not seem at all empathetic to her, and they were, quite frankly, RUDE to us when we asked questions.
- The receptionist is a HUGE bright spot; she is a long-time employee and seems to love her job. She interacted with other staff and many residents. She seems to be someone who can "crack the whip" when something needs to be done.
- Lots of improvements since before Covid; new paint and floors in many areas. Upcoming renovation planned.

# Community Advisory Committee Quarterly/Annual Visitation Report

| County: <u>MOORE</u>  | Facility Type:<br><input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home<br><input checked="" type="checkbox"/> Adult Care Home | Facility Name/Address:<br><u>ST. JOE'S</u><br><u>59/60</u><br><u>CEASERS.</u>   |
|---|---|---|
| Visit Date: <u>1/24/2023</u>  | Time spent in facility: <u>2</u> hrs <u>5</u> min   | Arrival time: <u>10 AM</u> : <input checked="" type="checkbox"/> am <input type="checkbox"/> pm   |
| Name of person exit interview was held with: <u>Phyllis Jones</u><br><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<br>(Name & Title)  |
| Committee Members Present:<br><u>Jeff Mearns, Madeline Mearns, Helen Schillaci, Sandy Neesham</u>   |   | Report Completed by:<br><u>Helen Schillaci</u>  |
| Number of Residents who received personal visits from committee members: <u>16</u>  |   |   |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>(Required for Nursing Homes Only) <u>YES - ENTRY DESK</u>                               |   | Staffing information clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><u>available</u> <u>but not Rates</u>   |
| Resident Profile  | Yes/No/NA   | Comments/Other Observations   |
| 1. Do the residents appear neat, clean and odor free?   | <u>Yes</u>  |   |
| 2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?                                    | <u>NA</u>   |   |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?  | <u>NA</u>   |   |
| 4. Were residents interacting with staff, other residents & visitors?   | <u>NA</u>   |   |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?   | <u>NA</u>   |   |
| 6. Did you observe restraints in use?   | <u>No</u>   |   |
| 7. If so, did you ask staff about the facility's restraint policies?  | <u>No</u>   |   |
| 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?  | <u>No</u>   |   |
| 10. Did you see items that could cause harm or be hazardous?  | <u>Yes</u>  |   |
| 11. Did residents feel their living areas were too noisy?   | <u>No</u>   |   |
| 12. Does the facility accommodate smokers?<br>Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both inside/outside                                  | <u>NA</u>   | <u>200 hall clean &amp; freshly washed water on floor</u><br><u>on 600 floor near entrance the floor level was raised and covered with BX Tape</u><br><u>Storage closet had tubes with liquid on the floor.</u> |
| 13. Were residents able to reach their call bells with ease?  | <u>Yes</u>  |   |
| 14. Did staff answer call bells in a timely & courteous manner?<br>If no, did you share this with the administrative staff?   | <u>No</u>   | <u>100 Hall</u><br><u>Exp. when resident had fallen on floor, delayed response to call bells</u>  |
| Resident Services   | Yes/No/NA   | Comments/Other Observations   |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | <u>No</u>   |   |
| 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?                     | <u>Yes</u>  | <u>Snack Rm. on main level</u><br><u>observed a caregiver bringing snack to resident</u>  |
| 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine?   | <u>Yes/No</u>   | <u>one resident c/o spicy food, said she never saw a menu to choose from</u>  |
| 18. Do residents have privacy in making and receiving phone calls?  | <u>Yes</u>  |   |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?   | <u>No</u>   | <u>most interaction is with staff + family</u>  |
| 20. Does the facility have a Resident's Council?<br>Family Council?   | <u>N/A</u>  |   |
| Areas of Concern  | Yes/No/NA   | Exit Summary  |
| Are there resident issues or topics that need follow-up or review at a later time or during the next visit?   |   | Discuss items from "Areas of Concern" Section as well as any changes observed   |

10/1/2023 my home  
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

- 200 Hall - Clean UT <sup>closet</sup> had water on floor (leak)  
600 Hall - near entrance floor raised/uncovered base  
Tape covering it  
- Storage closet had tubing with liquid  
on the floor - door was open  
100 Hall - Resident fell on the floor -  
delayed response to call bell.  
2 staff members came separately but  
did not help him up  
200 - Resident of food being too spicy -  
wanted to see a nurse or speak to  
nutritionist

10/1/2023 my home  
Discuss items from "Areas of Concern" Section  
as well as any changes observed during the visit

Adm. noted all areas of  
concern at left and will  
address these issues. ASAP

# Community Advisory Committee Quarterly/Annual Visitation Report

|  |  |   |
|--|--|---|
| County: Moore  | Facility Type:<br>Family Care Home    Nursing Home<br><input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Combination Home | Facility Name/Address:<br>Coventry / CARITAS 10/16  |
| Visit Date: 1/24/2023  | Time spent in facility: 1 hr min 28  | Arrival time: am <input checked="" type="checkbox"/> pm 12:12 - 1:40  |
| Name of person exit interview was held with: Ashley Robinson   |  | Interview was held: <input checked="" type="checkbox"/> In Person    Phone  |
| <input checked="" type="checkbox"/> Admin    SIC (Supervisor in Charge)    Other Staff Rep. (Name & Title)   |  |   |
| Committee Members Present: Jeff Mercer, Madeline Mercer, H. Schillacy, Sandy   |  | Report Completed by: H. Schillacy   |
| Number of Residents who received personal visits from committee members: 3   |  |   |
| Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A |  | Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> None |
| The most recent survey was readily accessible: Yes    No   |  | Staffing information clearly posted: Yes    No  |
| (Required for Nursing Homes Only)  |  |   |

| Resident Profile   | Yes/No/NA | Comments/Other Observations    |
|--|-----------|--------------------------------|
| 1. Do the residents appear neat, clean and odor free?  | Yes       |                                |
| 2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? | N/A       | Residents appear well groomed. |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | N/A       |                                |
| 4. Were residents interacting with staff, other residents & visitors?  | Yes       |                                |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | N/A       |                                |
| 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?  | N/A       |                                |
| 9. Did you notice unpleasant odors in commonly used areas?   | No        |                                |
| 10. Did you see items that could cause harm or be hazardous?   | No        |                                |
| 11. Did residents feel their living areas were too noisy?  | N/A       |                                |
| 12. Does the facility accommodate smokers?   | N/A       |                                |
| Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside   |           |                                |
| 13. Were residents able to reach their call bells with ease?   | N/A       |                                |
| 14. Did staff answer call bells in a timely & courteous manner?  | N/A       |                                |
| If no, did you share this with the administrative staff?   |           |                                |
| Resident Services  | Yes/No/NA | Comments/Other Observations    |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  | N/A       | Large poster of Act. Vites     |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  | N/A       |                                |
| Can residents access their monthly needs funds at their convenience?   |           |                                |
| 17. Are residents asked their preferences about meal/snack choices?  | N/A       |                                |
| Are they given a choice about where they prefer to dine?   | N/A       |                                |
| 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?  | N/A       |                                |
| 20. Does the facility have a Resident's Council?   | N/A       |                                |
| Family Council?  |           |                                |
| Areas of Concern   | Yes/No/NA | Exit Summary                   |

NO AREAS OF CONCERN

Coventry - Staff so friendly and helpful

CARITAS - No complaints  
We suggested Carolyn Pennington  
Name to her, did is the  
address of Ombudsman  
Tel. No but no name.

# Community Advisory Committee Quarterly/Annual Visitation Report

|  |  |  |
|--|--|--|
| County: Moore  | Facility Type:<br>Family Care Home <input checked="" type="checkbox"/> Nursing Home<br>Adult Care Home    Combination Home | Facility Name/Address:<br>QUAIL HAVEN<br>155 Blake Blvd. Pinckney                                    |
| Visit Date: 1/27/2023  | Time spent in facility: 1 hr 40 min  | Arrival time: am / pm  |
| Name of person exit interview was held with: Miranda Thomas  |  | Interview was held: <input checked="" type="checkbox"/> In Person    Phone                           |
| Admin SIC (Supervisor in Charge) Other Staff Rep. (Name & Title) DON   |  |  |
| Committee Members Present: Sandy Nusbaum, Helen Schillaci  |  | Report Completed by: H. Schillaci  |
| Number of Residents who received personal visits from committee members: 5   |  |  |
| Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes    No  |  | Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes    No  |
| The most recent survey was readily accessible: <input checked="" type="checkbox"/> Yes    No<br>(Required for Nursing Homes Only) Longleaf Nrs Station |  | Staffing information clearly posted: <input checked="" type="checkbox"/> Yes    No<br>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? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? | YES       |                             |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | N/A       |                             |
| 4. Were residents interacting with staff, other residents & visitors?  | YES       |                             |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | N/A       |                             |
| 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?   | NO        |                             |
| 9. Did you notice unpleasant odors in commonly used areas?  | NO        |                             |
| 10. Did you see items that could cause harm or be hazardous?  | YES       |                             |
| 11. Did residents feel their living areas were too noisy?   | 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 | YES       |                             |
| 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   | 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?<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       |                             |
| 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?<br>Family Council?   | YES       |                             |

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

1. Confusion on longleaf - both sides of Hall.
2. Slow call bell response. 30 min wait
3. Too much fried food
4. med prep door open
5. 30 min to

mentioned friendly and helpful staff. Also areas of concern on left side of page.

1. assorted carts on both sides of longleaf.
2. med prep door open
3. Slow call bell response.

DON took notes and will address concerns



# Community Advisory Committee Quarterly/Annual Visitation Report

|  |  |   |
|--|--|---|
| County: Moore  | Facility Type:<br>Family Care Home    Nursing Home<br>Adult Care Home <input checked="" type="checkbox"/> Combination Home | Facility Name/Address: 71/75 17 MC<br>Fox Hollow  |
| Visit Date: 1/27/2023  | Time spent in facility: hr 50 min  | Arrival time: am 1:30 pm  |
| Name of person exit interview was held with: Mydia Brooks  |  | Interview was held <input checked="" type="checkbox"/> In Person    Phone                           |
| <input checked="" type="checkbox"/> Admin    SIC (Supervisor in Charge)    Other Staff Rep. (Name & Title) |  |   |
| Committee Members Present: Sandy Nussbaum, Helen Schillaci   |  | Report Completed by: Helen Schillaci  |
| Number of Residents who received personal visits from committee members:                                   |  |   |
| Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes    No              |  | Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes    No |
| The most recent survey was readily accessible: Yes <input checked="" type="checkbox"/> No                  |  | Staffing information clearly posted: Yes <input checked="" type="checkbox"/> No                     |
| (Required for Nursing Homes Only)  |  |   |

| Resident Profile   | Yes/No/NA | Comments/Other Observations |
|--|-----------|-----------------------------|
| 1. Do the residents appear neat, clean and odor free?  | Yes       |                             |
| 2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? | N/A       |                             |
| 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?  | N/A       |                             |
| 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?  | 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?   | N/A                            |   |
| 9. Did you notice unpleasant odors in commonly used areas?  | No                             |   |
| 10. Did you see items that could cause harm or be hazardous?  | Yes?                           | - water on floor outside of Activity Rm on 2nd flr. - yellow caution sign placed on floor |
| 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 | out back or front when raining | Hallways very quiet   |
| 13. Were residents able to reach their call bells with ease?  | N/A                            |   |
| 14. Did staff answer call bells in a timely & courteous manner?<br>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       | - lg computerized sign gave 3 day weather, chgs to ACT: utters, then chgs to Birthdays. |
| 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       | every other wk  |
| 17. Are residents asked their preferences about meal/snack choices?<br>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? <input checked="" type="checkbox"/> 3rd wkd.<br>Family Council? <input checked="" type="checkbox"/> Quarterly                            | Yes       |   |

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

Areas of Concern

Renovations appear completed. facility is clean and well lit. Adm was on her way out the door, when she saw us she returned to her desk and waited for us to make rounds. A group of residents were upstairs watching Capt. Phillips and enjoying 1st floor. Many others remained in their Rms.

# Community Advisory Committee Quarterly/Annual Visitation Report

|  |   |  |
|--|---|--|
| County: Moore  | Facility Type:<br>Family Care Home Nursing Home<br><input checked="" type="checkbox"/> Adult Care Home <sup>MC</sup> Combination Home | Facility Name/Address:<br>Magnolia Gardens<br>594 Murray Hill Rd SP                              |
| Visit Date: 2/21/23  | Time spent in facility: 1 hr 45 min   | Arrival time: 10 am pm   |
| Name of person exit interview was held with: Debbie Ogborn   |   | Interview was held: <input checked="" type="checkbox"/> In Person Phone                          |
| <input checked="" type="checkbox"/> Admin SIC (Supervisor in Charge) Other Staff Rep. (Name & Title) |   |  |
| Committee Members Present: Jeff + Madeline Mercer, Sarah Nussbaum, H Schell                          |   | Report Completed by: H. Schell   |
| Number of Residents who received personal visits from committee members: 6                           |   |  |
| Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes No           |   | Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes No |
| The most recent survey was readily accessible: Yes No<br>(Required for Nursing Homes Only)           |   | Staffing information clearly posted: Yes <u>(NO)</u>   |

| Resident Profile  | Yes/No/NA                | Comments/Other Observations  |
|---|--------------------------|--|
| 1. Do the residents appear neat, clean and odor free?   | No                       | 200 hall - heavy urine odor  |
| 2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?                | No                       | 1 Resid had wheel chair wedged in between 2 chairs & her bed - house keeping doors unlocked.   |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?  | YES & NO                 | 400 hallway, one resident c/o having to care for her roommate including putting medicated cream on her foot because aide did not do it |
| 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?   | N/A                      |  |
| 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?   | No                       | - Resid c/o of bed bugs in facility  |
| 9. Did you notice unpleasant odors in commonly used areas?  | YES                      | stated no menus - no alternative   |
| 10. Did you see items that could cause harm or be hazardous?  | NO                       | main meal at noon - dinner is soup & sandwich  |
| 11. Did residents feel their living areas were too noisy?   | NO                       | 200 Hall odor  |
| 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   | YES.                     | med rm open but converted for other purpose  |
| 13. Were residents able to reach their call bells with ease?  | YES.                     | - one resident calls out for help  |
| 14. Did staff answer call bells in a timely & courteous manner?<br>If no, did you share this with the administrative staff?   | YES/NO                   | man c/o not getting his morning diabetic med.  |
| 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                      | Activities are posted  |
| 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.                     | trips to Walmart & of Thiers on Rotation   |
| 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine?   | N/A                      |  |
| 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.                     | - Residents are not enthusiastic about shopping trips since resident when shopping was done for them                                   |
| 20. Does the facility have a Resident's Council? yes<br>Family Council? Not anymore.  | yes.<br>None since COVID |  |
| Areas of Concern  | Yes/No/NA                | Exit Summary   |

200 Hall - odor of urine  
- house keeping doors unlocked  
- wheelchair wedged in between 2 chairs  
Resid. rm  
400 Hall - Resident c/o having to care for her roommate  
- Resident c/o of getting bed bugs  
- Resident c/o NOT getting his diabetic med

Administration addressed all concerns and stated that bed bugs are under control & have been treated. Notes taken on issues that have not already been addressed. Stated diabetic medication had been changed but she will look into it to be sure.



# Community Advisory Committee Quarterly/Annual Visitation Report

|  |   |   |                          |
|--|---|---|--------------------------|
| County: Moore  | Facility Type: <u>Assist Living + MC</u><br>Family Care Home Nursing Home<br><input checked="" type="checkbox"/> Adult Care Home Combination Home | Facility Name/Address:<br><u>Terrell Bella</u><br><u>101 Broadwood Rd</u><br><u>SP</u>          | <u>46 Assist / 37mc.</u> |
| Visit Date: <u>2/21/23</u>   | Time spent in facility: <u>1 hr 33 min</u>  | Arrival time: <u>11:50 am</u>   | pm                       |
| Name of person exit interview was held with: <u>Jennifer Angel</u>   |   | Interview was held: in Person Phone <input checked="" type="checkbox"/>                         |                          |
| Admin SIC (Supervisor in Charge) Other Staff Rep. (Name & Title) <u>Jennifer Angel - Assist. Administrator</u> |   |   |                          |
| Committee Members Present: <u>Jeff + Madeline Marcor, Sandy Nusbawa, H Schillaci</u>                           |   | Report Completed by: <u>Helen Schillaci</u>   |                          |
| Number of Residents who received personal visits from committee members: <u>7</u>                              |   |   |                          |
| Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes No                     |   | Ombudsman Contact Info is correct and clearly posted <input checked="" type="checkbox"/> Yes No |                          |
| The most recent survey was readily accessible: Yes No<br>(Required for Nursing Homes Only) <u>N/A</u>          |   | Staffing information clearly posted: Yes No<br><u>N/A</u>                                       |                          |

| Resident Profile  | Yes/No/NA               | Comments/Other Observations |
|---|-------------------------|-----------------------------|
| 1. Do the residents appear neat, clean and odor free?   | <u>Yes</u>              |                             |
| 2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?                | <u>N/A</u>              |                             |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?  | <u>N/A</u>              |                             |
| 4. Were residents interacting with staff, other residents & visitors?   | <u>Yes</u>              |                             |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?   | <u>Yes</u>              |                             |
| 6. Did you observe restraints in use?   | <u>NO</u>               |                             |
| 7. If so, did you ask staff about the facility's restraint policies?  | <u>-</u>                |                             |
| 8. Did residents describe their living environment as homelike?   | <u>NO</u>               |                             |
| 9. Did you notice unpleasant odors in commonly used areas?  | <u>NO</u>               |                             |
| 10. Did you see items that could cause harm or be hazardous?  | <u>Yes</u>              |                             |
| 11. Did residents feel their living areas were too noisy?   | <u>NO</u>               |                             |
| 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   | <u>Yes</u>              |                             |
| 13. Were residents able to reach their call bells with ease?  | <u>N/A</u>              |                             |
| 14. Did staff answer call bells in a timely & courteous manner?<br>If no, did you share this with the administrative staff?   | <u>N/A</u>              |                             |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | <u>Yes</u>              |                             |
| 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? | <u>Yes</u>              |                             |
| 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine?   | <u>Yes</u>              |                             |
| 18. Do residents have privacy in making and receiving phone calls?  | <u>Yes</u>              |                             |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?   | <u>Yes</u>              |                             |
| 20. Does the facility have a Resident's Council?<br>Family Council?   | <u>Yes</u><br><u>NO</u> |                             |

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

- Concerns of choices + substitutes on menu not available  
MC had menu posted from 5 days ago.  
MC had plastic wrap on floor of B hall  
MC had 2 laundry rm doors unlocked D+C.
- Rm 704 c/o Shower water spraying on BR. floor.
- Resident daughter wanted more fresh produce.  
H 2 Residents could not eat corn and there were no subst.

All Areas of concern were addressed  
Assist. Adm. took notes All Laundry rm doors should be locked in MC.  
Resid. in hall with shower problem needs to be helped + reminded everyone  
Facility recently remodeled - looks well lit and welcoming.  
No Resolution on substitutions in DR.  
Assist Adm. stated food has gotten better since previous owners

# Community Advisory Committee Quarterly/Annual Visitation Report

|   |  |   |
|---|--|---|
| County: Moore   | Facility Type:<br>Family Care Home <input checked="" type="checkbox"/> + Rehab<br>Nursing Home (skilled)<br>Adult Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> | Facility Name/Address:<br>Pinehurst Health Rehab<br>59 medicare<br>8 Hospice<br>10 private<br>8 Rehab.                    |
| Visit Date: 2/13/23   | Time spent in facility: 1 hr 52 min  | Arrival time: 9:30 am pm  |
| Name of person exit interview was held with: Misty Linder, Adm.   |  | Interview was held: <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Phone                          |
| <input checked="" type="checkbox"/> Admin SIC (Supervisor in Charge) Other Staff Rep. (Name & Title)  |  |   |
| Committee Members Present: Silva Porter-Deal, Helen Schillaci   |  | Report Completed by: H. Schillaci   |
| Number of Residents who received personal visits from committee members: 11   |  |   |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>(Required for Nursing Homes Only) 5/15/22 |  | 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?  | No        | Early morning cleaning - Hallways is disorderly in route to Rehab. due to previous flood and Re-construction in hallway |
| 2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? | Yes       |   |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | NA        | 400 hall supply closet unlocked   |
| 4. Were residents interacting with staff, other residents & visitors?  | NA        | Staff is friendly   |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | NA        | 1 Resid. c/o of just getting potatoes   |
| 6. Did you observe restraints in use?  | No        | all the time  |
| 7. If so, did you ask staff about the facility's restraint policies?   | -         | 1 Resid c/o No phone / no outside world   |

## Resident Living Accommodations

|   | Yes/No/NA | Comments/Other Observations  |
|---|-----------|--|
| 8. Did residents describe their living environment as homelike?   | No        | - 1 Resid said her toilet runs all night Rn 605                        |
| 9. Did you notice unpleasant odors in commonly used areas?  | Yes       |  |
| 10. Did you see items that could cause harm or be hazardous?  | Yes       | - Const. in Rn 605   |
| 11. Did residents feel their living areas were too noisy?   | Yes       | - Resid. wanted quiet (Roommate had TV on loud)                        |
| 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 | Yes       | Porch next to dining Rm  |
| 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        | - 1 Resid said she waits 1 hr.<br>1 Resid calling for nurse - verbally |

## 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        | - Resid. Council Ad written posted   |
| 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>Yes | - 2 Resid. each Tues either can go to Walmart  |
| 17. Are residents asked their preferences about meal/snack choices?<br>Are they given a choice about where they prefer to dine?   | No         | - Resid. c/o not able to see menu posted in Hallway - Request a copy to be sent to her phone |
| 18. Do residents have privacy in making and receiving phone calls?  | No         | - Resident not aware of phone  |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?   | NA         |  |
| 20. Does the facility have a Resident's Council?<br>Family Council?   | Yes<br>Yes | Yes/Yes  |

## Areas of Concern

- Correct survey to be returned to plastic holder in Hallway
- Resid. c/o No menu - must get it on her phone - Also requested her medication
- c/o Toilet running all night
- Original entrance has been restored (Portico)
- Hallway to the Rehab area is being repaired from a flood.
- c/o food - Resid. says all she gets potatoes

## Exit Summary

- All concerns were discussed and notes taken - all will be addressed by the administrator
- Resid. c/o Noise level was to be leaving today, she also was not aware of being able to use the phone - had memory issues
- Current survey will be returned to proper place - had been removed for data.

# Community Advisory Committee Quarterly/Annual Visitation Report

|   |   |   |
|---|---|---|
| County: Moore   | Facility Type:<br><input checked="" type="checkbox"/> Family Care Home    Nursing Home<br>Adult Care Home    Combination Home | Facility Name/Address:<br>Cardinal Cottage (Quail Haven)<br>Pinchurst.                              |
| Visit Date: 2/13/2003   | Time spent in facility: hr 20 min   | Arrival time: 11:30 am pm   |
| Name of person exit interview was held with: Theresa Komiser<br>Admin SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep. (Name & Title) Theresa Adult Care Placement RN. |   | Interview was held: <input checked="" type="checkbox"/> In Person    Phone                          |
| Committee Members Present: Silvia Porter - Deaf, Helen Schillaci  |   | Report Completed by: Helen Schillaci  |
| Number of Residents who received personal visits from committee members: 3  |   |   |
| Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes    No   |   | Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes    No |
| The most recent survey was readily accessible: Yes <input checked="" type="checkbox"/> No   |   | Staffing information clearly posted: Yes <input checked="" type="checkbox"/> No                     |
| (Required for Nursing Homes Only)   |   |   |

## Resident Profile

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

Yes/No/NA

## Comments/Other Observations

Yes  
N/A  
N/A  
Yes  
N/A  
No  
—

## Resident Living Accommodations

- Did residents describe their living environment as homelike?
- Did you notice unpleasant odors in commonly used areas?
- Did you see items that could cause harm or be hazardous?
- Did residents feel their living areas were too noisy?
- Does the facility accommodate smokers?  
Where? ☐ Outside only ☐ Inside only ☐ Both Inside/Outside
- Were residents able to reach their call bells with ease?
- 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

N/A  
No  
No  
No  
N/A  
N/A  
N/A

6 Residents - 3 were eating  
lunch - facility nicely  
decorated for Valentine's Day  
  
Call bells observed - 3  
3 Residents were in their RMS  
with doors closed.

## Resident Services

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

Yes/No/NA

## Comments/Other Observations

N/A  
N/A  
N/A  
N/A  
N/A  
N/A

Activities posted  
  
They enjoyed the food and  
had no complaints  
  
Activity in progress was making  
signs for doors.

## Areas of Concern

Yes/No/NA

## Exit Summary

No concerns - cottage was  
tidy and residents appeared  
happy and comfortable

Compliments given to aid  
and to Adult Care Nurse. Cottage  
appeared neat with activity table  
in progress and residents taking  
the time to eat and enjoying the  
food. No complaints offered