

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Adult Care Home	Facility Name/Address: Aegis 125 Longleaf 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: (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 (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? 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 N/A Yes Yes No N/A	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.
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike? 9. Did you notice unpleasant odors in commonly used areas? 10. Did you see items that could cause harm or be hazardous? 11. Did residents feel their living areas were too noisy? 12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside 13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes No No N/A N/A N/A N/A	They spoke of how homelike it is.
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?	Yes 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?	N/A	
20. Does the facility have a Resident's Council? Family Council?	N/A	
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit? 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. Staff very friendly. Lot of interaction with residents. 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. The next visit should not be at lunch time.	Yes/No/NA No	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Adult Care & Skilled Nursing Facility	Quail Haven 155 B lake Blvd. 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	Hall 400: med. prep room sign states lock door. Door was not locked.
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?	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? <i>If no, did you share this with the administrative staff?</i>	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? <i>Can residents access their monthly needs funds at their convenience?</i>	Yes	Most residents have family members doing their shopping for them.
17. Are residents asked their preferences about meal/snack choices? <i>Are they given a choice about where they prefer to dine?</i>	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 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 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
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Visit Date: 1/23/23	Time spent in facility: 1 hr, 15min	Arrival time: 10:00 a.m.
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Name of person exit interview was held with: Debra Griggs, Executive Director / Michelle DN	Interview was held in Person
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Committee Members Present: Sandi King, Barbara Hainline, Kathryn Doddridge	Report Completed by: Barbara Hainline
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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
(Required for Nursing Homes Only)	The most recent survey was readily accessible: Yes	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 witnessed residents being helped getting dressed.
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	Staff very friendly and helpful when asked questions. We visited with 3 staff members.
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	
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	No	We noticed very little interaction between residents; we were told Covid has been the primary cause. Residents are "staying to themselves" more now.
12. Does the facility accommodate smokers? Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Yes	1 outdoor section
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	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.

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?	No 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? Family Council?	Yes	Monthly meetings.
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 Yes	Exit Summary 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: <i>(Required for Nursing Homes Only)</i>	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 observed one resident having her hair done in the salon, and another indicated she was having hers done today, too.	
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?	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	
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? <i>Where?</i>	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? <i>If no, did you share this with the administrative staff?</i>	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? <i>Can residents access their monthly needs funds at their convenience?</i>	Yes		
17. Are residents asked their preferences about meal/snack choices? <i>Are they given a choice about where they prefer to dine?</i>	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? <i>Family Council?</i>	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: 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 (Required for Nursing Homes Only)	Staffing information clearly posted: No

Resident Profile

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/No/NA

Mostly

Comments/Other Observations

We saw a resident with dirty/stained pants.

Yes

No

A little

N/A

Did not observe

No

N/A

Resident Living Accommodations

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/NA

Some did

No

Yes

See list of concerns below

No

Yes

Outside only

Yes

See comments below

??

Resident Services

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/No/NA

??

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.

N/A

Yes

There appears to be a variety of food choices and residents may choose where to dine.

Yes

Phones in rooms.

Yes

Church groups, outside musicians

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 2nd 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 (2nd floor) seems almost deserted; no residents seen in the activity rooms, or interacting with each other.
- One resident on the 1st 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 2nd 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:	Facility Type:	Facility Name/Address:
Moore	<input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home	ST. JOE'S 59/60 Ceasars.
Visit Date: 1/24/2023	Time spent in facility: 2 hrs 5 min	Arrival time: 10 AM: <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: <u>Phyllis Jones</u> <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: <u>Jeff Macar, Madeline Mercer, Helen Schillaci, Sandy Neubauer, Helen Schillaci</u>		
Report Completed by:		
Number of Residents who received personal visits from committee members: 16		
Resident Rights Information is clearly visible: <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 (Required for Nursing Homes Only) <u>YES Entry Desk</u>		
Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Staffing information clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>available but not Rates</u>		
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?	NA	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	NA	
4. Were residents interacting with staff, other residents & visitors?	NA	
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?	No	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	No	- 200 half clear plastic and water on floor
9. Did you notice unpleasant odors in commonly used areas?	Yes	- on 600 floor near entrance the
10. Did you see items that could cause harm or be hazardous?	No	floor level was raised and covered with BX Tape
11. Did residents feel their living areas were too noisy?	NA	- storage closet had tables with liquid on the floor.
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Yes	- 100 HALL esp. when resident had fallen on floor.
13. Were residents able to reach their call bells with ease?	No	- delayed response to call bells
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?	No	
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	SNACK RM. on main level observed a caregiver bringing snack to resident one resident 1/2 spicy food, said she never saw a menu to choose from
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes/No	
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?	No	- most interaction is with staff & family
20. Does the facility have a Resident's Council? Family Council?	NA	
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

10/21/2013 my note.

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

200 Hall - Clean ~~Utilities~~ closet had water on flr. (leak)
 600 Hall - near entrance for raised/uneven board
 Tape covering it
 - Storage closet had tubg with ligreast
 on the flr. - door was open

100 Hall - Resident fell on the floor -
 delayed response to call bld.
 2 staff members came separately but
 did not help him up

200 - Resident of food being too spicy -
 wanted to see a menu or speak to
 Nutritionist

10/21/2013 my note.

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.

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Top Copy is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Family Care Home <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Combination Home	Facility Name/Address: Coventry / CARITAS 411/60 10/16
Visit Date: 1/24/2023	Time spent in facility: 1 hr min 28	Arrival time: am <input checked="" type="checkbox"/> pm <input checked="" type="checkbox"/> 12:12 - 1:10
Name of person exit interview was held with: Ashley Robinson <input checked="" type="checkbox"/> Admin SIC (Supervisor in Charge) Other Staff Rep. (Name & Title)		Interview was held: <input checked="" type="checkbox"/> In Person Phone
Committee Members Present: Jeff Mercer, Madeline Mercer, H Schillace, Sandy		Report Completed by: H. Schillace
Number of Residents who received personal visits from committee members: 3		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>1/25/2023</small>		Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>None</small>
The most recent survey was readily accessible: Yes <input checked="" type="checkbox"/> No <small>(Required for Nursing Homes Only)</small>		Staffing information clearly posted: Yes <input checked="" type="checkbox"/> No
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents interacting with staff, other residents & visitors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies?	Yes Yes N/A Yes N/A No N/A	Residents appear well groomed.
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike? 9. Did you notice unpleasant odors in commonly used areas? 10. Did you see items that could cause harm or be hazardous? 11. Did residents feel their living areas were too noisy? 12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside 13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	N/A. No No N/A N/A. N/A 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? 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?	N/A. N/A. N/A. N/A. N/A. N/A. N/A.	Large poster of Act. Schedules
Areas of Concern	Yes/No/NA	Exit Summary
No Areas of Concern		Coventry - Staff so friendly and helpful CARITAS - No office plants We suggested Carolyn Pennington or Name to be added to the address of Ombudsman Tel. No but no name.

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Family Care Home <input checked="" type="checkbox"/> Nursing Home Adult Care Home <input type="checkbox"/> Combination Home	Facility Name/Address: QUAIL HAVEN 155 Blake Blvd. Pinehurst
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: 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: Yes No Ombudsman Contact Info is correct and clearly posted: Yes No

The most recent survey was readily accessible: Yes No Staffing information clearly posted: Yes No
(Required for Nursing Homes Only) Longleaf Nrs STATION Nurses STATION

Resident Profile

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/No/NA

Comments/Other Observations

Yes. med. prep door open on Longleaf monitors, Soiled linens on both sides of hallway on Longleaf paper on floor end of Longleaf

Yes

N/A.

Yes

N/A.

No

Resident Living Accommodations

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/NA

Comments/Other Observations

No 1 Resid. c/o Too much fried food
No No utensils on tray

Yes

N/A.

Yes

Yes - 1 Resid. c/o 30 min to answer call bell - for med. doc at 7:30 - Received at 10:10 PM

Yes

Resident Services

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/No/NA

Comments/Other Observations

Yes

Yes - from the business office

Yes

Yes

Yes

Yes

Areas of Concern

Yes/No/NA

Exit Summary

1. Confusion on Longleaf - Both sides of Hall
2. Slow call bell response. 30 min and
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 Augl. 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: Family Care Home Nursing Home Adult Care Home <input checked="" type="checkbox"/> Combination Home	Facility Name/Address: <u>7/75</u> <u>17mc</u> <u>Fox Hollow</u>
Visit Date: <u>1/27/2023</u>	Time spent in facility: <u>hr 50 min</u>	Arrival time: <u>am 1:50 pm</u>
Name of person exit interview was held with: <u>Mydia Brooks</u> <input checked="" type="checkbox"/> Admin SIC (Supervisor in Charge) Other Staff Rep. (Name & Title)		Interview was held: <input checked="" type="checkbox"/> In Person Phone
Committee Members Present: <u>Sandy Nussbaum, Helen Schillaci</u>		Report Completed by <u>Helen Schillaci</u>
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 (Required for Nursing Homes Only)		Staffing information clearly posted: Yes <input checked="" type="checkbox"/> No
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>N/A</u>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<u>N/A</u>	
6. Did you observe restraints in use?	<u>No</u>	
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?	<u>N/A</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>	<u>- water on floor outside of Activity rm on 2nd flr. - yellow caution sign placed on floor</u>
11. Did residents feel their living areas were too noisy?	<u>N/A</u>	
12. Does the facility accommodate smokers? Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	<u>out back</u>	<u>Hallways very quiet</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? If no, did you share this with the administrative staff?	<u>N/A</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>yes</u>	<u>- Lg computerized sign que 3 day weather, chgs to Activities, chgs to Birthdays, every other wk</u>
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?	<u>yes</u>	
17. Are residents asked their preferences about meal/snack choices? 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? <input checked="" type="checkbox"/> 3rd wkd. Family Council? <input checked="" type="checkbox"/> Quarterly	<u>yes</u>	
Areas of Concern	Yes/No/NA	Exit Summary
<u>Areas of concern</u>		<u>Renovations appear completed. facility is clean and well lit. Admin 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. Phelps and enjoying the piano. Many others remained in their rooms.</u>

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Family Care Home Nursing Home <input checked="" type="checkbox"/> Adult Care Home ^{mc} Combination Home	Facility Name/Address: Magnolia Gardens 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 <input checked="" type="checkbox"/> Admin SIC (Supervisor in Charge) Other Staff Rep. (Name & Title)		Interview was held <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Phone
Committee Members Present: Jeff & Madeline Detzel, Sandy Nusbaum, H. Schell Report Completed by: H. Schellaci		
Number of Residents who received personal visits from committee members: 6		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The most recent survey was readily accessible: Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information clearly posted: Yes <input type="checkbox"/> No	
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	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	Resident had what chair wedged in between 2 chairs & her bed. - housekeeping doors not locked.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes & No	400 hallway: 90% having to care for one resident & 0 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	Resident 90% of bed bugs in facility
9. Did you notice unpleasant odors in commonly used areas?	Yes	Stated No menus - No alternatives
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? Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Yes	Med room has 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? If no, did you share this with the administrative staff?	Yes/No	Man 90% 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? Can residents access their monthly needs funds at their convenience?	Yes	Trips to Walmart & Thrifts on Rotation
17. Are residents asked their preferences about meal/snack choices? 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 covid
20. Does the facility have a Resident's Council? Yes Family Council? Not anymore.	Yes	None since covid
Areas of Concern	Yes/No/NA	Exit Summary
200 Hall - odor of urine - housekeeping doors unlocked - wheelchair wedged in between 2 chairs	Administrator 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.	
400 Hall - resident 90% having to care for her roommate - resident 90% seeing bed bugs - resident 90% not getting his diabetes med		

200 Hall - odor of urine
- housekeeping doors unlocked
- wheelchair wedged in between 2 chairs

400 Hall - resident 90% having to care for her roommate
- resident 90% seeing bed bugs
- resident 90% not getting his diabetes med

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input checked="" type="checkbox"/> Ass't Living & MC. <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home	Facility Name/Address: Terra Bella 101 Brookwood Rd SP.	46 Ass't /37mc.
Visit Date: 2/21/23	Time spent in facility: 1 hr 35 min	Arrival time: 10:30 am	pm

Name of person exit interview was held with: Jennifer Angel. Interview was held: in Person Phone
Admin SIC (Supervisor in Charge) Other Staff Rep. (Name & Title) Jennifer Angel - Ass't Administrator
Committee Members Present: Jeff + Madeline Marcor, Sandy Nusbaw, H Schillaci Report Completed by Helen Schillaci

Number of Residents who received personal visits from committee members: 7

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

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 in Ass't. Living most residents were in Dining Hall.
2 residents go having corn they could not digest - no other option was available.
1 resident has orders for 3 soft foods she only had 1.
Resident says they get no snacks unless they win a prize in bingo menu on D.R. does said salad but no one got salad.

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

No 1 Resid. said all care is good
No 1 Resid said staff is excellent especially Candy Nurse, Ellen, and Angela Activity Director
Yes 1 Resident in TDOL 6/6 shower goes all over BR. floor - nothing keeps water in shower.
No in courtyard.
N/A

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?

Yes/No/NA

Comments/Other Observations

Yes - many activities listed with community involvement
Resid. can request activities
Yes - yes there bingo store or Fri Trips to store
Yes - residents say no
Yes - churches, volunteers, music etc
Yes - not yet restored since covid

- Does the facility have a Resident's Council?
Family Council?

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 un locked D+C.
2. Rm 704 6/6 shower water spraying on B.R. floor.
3. Resident daughter wanted more fresh produce.
4. Residents could not eat corn and there were no subst.

All areas of concern were addressed.
Ass't Adm. took notes all laundry rm doors should be locked in on C. Resid. in P. with shower problem needs to be helped & reminded everyone facility recently remodeled - looks well lit and welcoming.
No resolution on substitutions in D.R. Ass't Adm. stated food has gotten better since previous owners

Community Advisory Committee Quarterly/Annual Visitation Report

Community Activities Quarterly/Annual Visitation Report																			
County: Moore	Facility Type: <input checked="" type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home (Skilled) <input type="checkbox"/> Combination Home	+ Rehab	Facility Name/Address: Pinehurst Health & Rehab																
Visit Date: 2/13/23	Time spent in facility: 1 hr 52 min	Arrival time: 9:30 am pm	57 medicaid 8 Hospice 10 PRIVATE 8 Rehab.																
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: Silvia 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 (Required for Nursing Homes Only) 5/15/22		Staffing information clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
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20. Does the facility have a Resident's Council? <input type="checkbox"/> Family Council? <input checked="" type="checkbox"/>																			

Areas of Concern

1. Correct Survey to be returned to plastic holder in HALLway
2. Resid. C/O No menu - must get it on her phone - Also requested her medication.
3. Go Toilet running all night
4. Original entrance has been restored (Portico)
5. HALLway to the Rehab area is being repaired from a flood.
6. C/O food - Resid. Says all she gets is potatoes

Yes/No/NA

Exit Summary

- All concerns were discussed and notes taken - all will be addressed by the administrator
- Resid. Cb 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: <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Combination Home	Facility Name/Address: Cardinal Cottage (Quillhaven) Pinchert.
Visit Date: 2/13/2003	Time spent in facility: hr 20 min	Arrival time: 11:30am pm

Name of person exit interview was held with: Theresa Komiser Interview was held: In Person Phone
Admin SIC (Supervisor in Charge) Other Staff Rep. (Name & Title) Theresa Adult care Placement RN
Committee Members Present: Silva Porta - Deak, Helen Schillaci Report Completed by: Helen Schillaci
Number of Residents who received personal visits from committee members: 3

Resident Rights Information is clearly visible: Yes No Ombudsman Contact Info is correct and clearly posted: Yes No
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?	<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>N/A</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>	

Resident Living Accommodations

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	<u>N/A</u>	6 Residents - 3 were eating
9. Did you notice unpleasant odors in commonly used areas?	<u>No</u>	Lunch - facility nicely
10. Did you see items that could cause harm or be hazardous?	<u>No</u>	decorated for Valentine's Day
11. Did residents feel their living areas were too noisy?	<u>No</u>	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	<u>N/A</u>	
13. Were residents able to reach their call bells with ease?	<u>N/A</u>	8 call bells observed - 3
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	<u>N/A</u>	3 Residents were in their Rms with doors closed.

Resident Services

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>N/A</u>	Activities 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?	<u>N/A</u>	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	<u>N/A</u>	They enjoyed the food and had no complaints
18. Do residents have privacy in making and receiving phone calls?	<u>N/A</u>	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<u>N/A</u>	Activity in progress was making signs for doors.
20. Does the facility have a Resident's Council? Family Council?	<u>N/A</u>	

Areas of Concern

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

Yes/No/NA

Exit Summary

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