

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Assisted Living/Memory Care <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home Memory Care	The Coventry ACH/ MC St. Joseph's of the Pines 105 Gossman Drive Southern Pines, NC 28387 910-246-1062 Ashley Robinson, Administrator	
Visit Date: 7/7/2023	Time spent in facility: 1 hr 00 min	Arrival time: 10:18 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Name of person exit interview was held with: JJ Johnson Clinical Support Specialists		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/>	
Phone <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep. (Name & Title)		Committee Members Present: Jeff and Madeline Mercar, and Silva Porter-Deal	
Report Completed by: Silva Porter-Deal			
Number of Residents who received personal visits from committee members: Six			
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) Dec- awaiting inspection at any time.		Staffing information clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No In the chart room	
Resident Profile		Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents interacting with staff, other residents & visitors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Memory care patients are taken out of their designated section and taken to the general area so that they can exercise and socialize with the other patients.
Resident Living Accommodations		Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike? 9. Did you notice unpleasant odors in commonly used areas? 10. Did you see items that could cause harm or be hazardous? 11. Did residents feel their living areas were too noisy? 12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside 13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	Call bells are around the residents neck.
Resident Services		Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?		<input type="checkbox"/> Yes	Activities calendar posted
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?		<input type="checkbox"/> Yes	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?		<input type="checkbox"/> Yes	The residents can make choices for the alternate menu. The residents receive three snacks each day.

18. Do residents have privacy in making and receiving phone calls?	Yes	They have a main phone, and some residents have cell phones.
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	Residents' Council once a month-Wednesday. They also have an Advocacy Council that meets. Not aware of a Family Council
<b>Areas of Concern</b> Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Yes/No/NA NA	<b>Exit Summary</b>

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

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Assisted Living/Memory Care <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home	Facility Name/Address Quail Haven 155 Blake Blvd Pinehurst NC 28374	
Visit Date: 08/16/2023	Time spent in facility: 1 hr 30 min	Arrival time: 9:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Name of person exit interview was held with: Cindy Roberson <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep.		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title)	
Committee Members Present: Jeff Mercer, Madeline Mercer and Silva Porter-Deal		Report Completed by: Silva Porter-Deal	
Number of Residents who received personal visits from committee members: five			
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The most recent survey was readily accessible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) NA		Staffing information clearly posted: <input checked="" type="checkbox"/> Yes	
Resident Profile		Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?		Yes	
2. Did residents say they receive assistance with personal care activities? 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?		Yes	
4. Were residents interacting with staff, other residents & visitors?		Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?		NA	The staff was helping residents to get dressed and shower were given.
6. Did you observe restraints in use?		No	
7. If so, did you ask staff about the facility's restraint policies?		NA	
Resident Living Accommodations		Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?		No	
9. Did you notice unpleasant odors in commonly used areas?		No	
10. Did you see items that could cause harm or be hazardous?		Yes	There were items cluttering the hallway. Med pre area and Med carts were unlocked. Both on the 400 and 500 halls.
11. Did residents feel their living areas were too noisy?		No	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside		No	Only staff working can smoke at the facility.
13. Were residents able to reach their call bells with ease?		Yes	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?		NA	
Resident Services		Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?		Yes	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	They are taken to the Dollar General and, they have items to purchase at BINGO.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?		Yes	They have an option of two hot meals.
18. Do residents have privacy in making and receiving phone calls?		Yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?		Yes	
20. Does the facility have a Resident's Council? Family Council?		Yes	

Areas of Concern	Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? The clutter in the hallway and the med pre and carts were left open.		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. The same issue was discovered the last visit.

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## Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Assisted Living/Memory Care <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home	Facility Name/Address: Tara Plantation, 820 S. McNeil St Carthage
Visit Date: 7 / 28 /23	Time spent in facility: hr 50 min	Arrival time: 11 : 45 <input type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: Mary Ledford, Interim <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Interview was held: X in Person <input type="checkbox"/> Phone (Name & Title)
Committee Members Present: Sandy Nusbaum, Anne Wolfe		Report Completed by: Barbara Hainline
Number of Residents who received personal visits from committee members: 6		
Resident Rights Information is clearly visible: X Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: X Yes <input type="checkbox"/> No
The most recent survey was readily accessible: X Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information clearly posted: <input type="checkbox"/> Yes X No
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents interacting with staff, other residents & visitors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies?	Yes Sometimes Yes Yes Yes No	Only in Memory Care
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? X Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside 13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	No Yes No No Yes Yes n/a	Poor Lighting throughout 100 Hall  None rang while there
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	No food optionsP
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?		No menus posted, or out of date
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	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?	N/a	
20. Does the facility have a Resident's Council? Family Council?	Yes	Monthly meeting on calendar
Areas of Concern	Yes/No/NA	Exit Summary

## Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Assisted Living/Memory Care Nursing & Rehab <input type="checkbox"/> Adult Care Home	Facility Name/Address: Seven Lake Assist Living & Memory 292 MacDougall Dr., West End	
Visit Date: 8 / 28 /23	Time spent in facility: 1 hr 15 min	Arrival time: 2 : 30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	
Name of person exit interview was held with: Toni Lanni <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) Administrator	
Committee Members Present: Sandy Nusbaum, Anne Wolfe, Barbara Hainline		Report Completed by: Barbara Hainline B Hainline	
Number of Residents who received personal visits from committee members: 4			
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) in Adm office		Staffing information clearly posted: Yes <input checked="" type="checkbox"/> No	
<b>Resident Profile</b>  1. Do the residents appear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents interacting with staff, other residents & visitors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies?		Yes/No/NA  Yes n/a No No No No n/a	<b>Comments/Other Observations</b>  Beds made in memory care
<b>Resident Living Accommodations</b>  8. Did residents describe their living environment as homelike? 9. Did you notice unpleasant odors in commonly used areas? 10. Did you see items that could cause harm or be hazardous?  11. Did residents feel their living areas were too noisy? 12. Does the facility accommodate smokers? <i>Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside</i> 13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? <i>If no, did you share this with the administrative staff?</i>		Yes/No/NA  No Yes Yes No Yes na na	Hall 100 & 200 Hall 100 wheel chair and broken table in the hallway. Shirt hanging on the rail.
<b>Resident Services</b>  15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <i>Can residents access their monthly needs funds at their convenience?</i>		Yes/No/NA  No Yes	<b>Comments/Other Observations</b>  Must dine in dining hall, 2 snacks a day, 1 resident stated no snacks that day, Adm said there were snacks. No menu posted
17. Are residents asked their preferences about meal/snack choices? <i>Are they given a choice about where they prefer to dine?</i>		Yes/No/NA  No	Must dine in dining hall, 2 snacks a day, 1 resident stated no snacks that day, Adm said there were snacks. No menu posted
18. Do residents have privacy in making and receiving phone calls? 19. Is there evidence of community involvement from other civic, volunteer or religious groups?		Yes/No/NA  Yes	Must dine in dining hall, 2 snacks a day, 1 resident stated no snacks that day, Adm said there were snacks. No menu posted
20. Does the facility have a Resident's Council? <i>Family Council?</i>		Yes/No/NA  Yes	Must dine in dining hall, 2 snacks a day, 1 resident stated no snacks that day, Adm said there were snacks. No menu posted

## Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Assisted Living/Memory Care Nursing & Rehab <input type="checkbox"/> Adult Care Home	Facility Name/Address: Greens of Pinehurst, 205 Rattlesnake Dr Pinehurst	
Visit Date: 8 / 17 /23	Time spent in facility: 1 hr 15 min	Arrival time: 1 : 00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	
Name of person exit interview was held with: Tricia Wood <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: Sandy Nusbaum, Grace Anderson, Barbara Hainline		Report Completed by: Barbara Hainline B Hainline	
Number of Residents who received personal visits from committee members: 8			
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)		Staffing information clearly posted: <input checked="" type="checkbox"/> 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? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents interacting with staff, other residents & visitors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies?		<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Good staff interaction
Resident Living Accommodations		Yes/No/NA	
8. Did residents describe their living environment as homelike? 9. Did you notice unpleasant odors in commonly used areas? 10. Did you see items that could cause harm or be hazardous?  11. Did residents feel their living areas were too noisy? 12. Does the facility accommodate smokers? <i>Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside</i> 13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? <i>If no, did you share this with the administrative staff?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	New tables in dining hall Hall 100 Hallway 200 was an obstacle course with laundry and drug carts  Except in 113, as it was broken
Resident Services		Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <i>Can residents access their monthly needs funds at their convenience?</i>		<input type="checkbox"/> Yes	2 snacks a day
17. Are residents asked their preferences about meal/snack choices? <i>Are they given a choice about where they prefer to dine?</i>		<input type="checkbox"/> Yes	
18. Do residents have privacy in making and receiving phone calls?		<input type="checkbox"/> Yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?		<input type="checkbox"/> Yes	
20. Does the facility have a Resident's Council? <i>Family Council?</i>		<input type="checkbox"/> Yes	
Areas of Concern		Yes/No/NA	Exit Summary

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Adult Care Home/Memory Care	Facility Name/Address: Brookdale 17 Regional Drive, Pinehurst, NC 28374
Visit Date: 8/28/23	Time spent in facility: 1 hr 10 min	Arrival time: 1:30 pm
Name of person exit interview was held with: Raymond Estevez -Administrator		Phone Interview was held
Committee Members Present: Ann Wolfe, Barbara Hainline, Sandy Nusbaum		Report Completed by: Sandy Nusbaum
Number of Residents who received personal visits from committee members: 2		
Resident Rights Information is clearly visible: Yes  (Required for Nursing Homes Only) N/A	Ombudsman Contact Info is correct and clearly posted: Yes  Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	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	
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?	No	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	As much as can be expected.
9. Did you notice unpleasant odors in commonly used areas?	No	No odors in facility.
10. Did you see items that could cause harm or be hazardous?	Yes	Boxes in hall outside Admin. office; floor in Clare Bridge (M/C) dining room dirty, per Administrator floor is to be cleaned by a floor technician soon; by #309 luggage cart in hall to be removed.
11. Did residents feel their living areas were too noisy?	N/A	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	N/A	Staff smoking only
13. Were residents able to reach their call bells with ease?	N/A	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	N/A	
Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	N/A	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes	
18. Do residents have privacy in making and receiving phone calls?	Yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a Resident's Council? Family Council?	Yes	
Areas of Concern	Yes/No/NA	Exit Summary

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Nursing & Rehab & Assisted Living	Facility Name/Address :Pennick Village 205 E. Rhode Island, Southern Pines, NC 28387	
Visit Date 8/17/23		Arrival time: 2:30 p.m.	
Name of person exit interview was held with: Sharon Parter Assisted Living Resources		Interview was held in Person 1 hr.	
Committee Members Present: Grace Anderson and Sandy Nusbaum		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: Yes (Required for Nursing Homes Only)	Staffing information clearly posted: Yes - Available at Nurses' Station		
Resident Profile		Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Y		
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	Y		
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N	Lot of residents sleeping. A good number were in Activity.	
4. Were residents interacting with staff, other residents & visitors?	Y		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Y		
6. Did you observe restraints in use?	N		
7. If so, did you ask staff about the facility's restraint policies?	N/A		
Resident Living Accommodations		Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Y		
9. Did you notice unpleasant odors in commonly used areas?	N		
10. Did you see items that could cause harm or be hazardous?	N		
11. Did residents feel their living areas were too noisy?	N		
12. Does the facility accommodate smokers? Where? <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?	Y		
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	N/A		
Resident Services		Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Y		
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	Y		
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Y		
18. Do residents have privacy in making and receiving phone calls?	Y		
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Y	They have a Chaplain plus various outside churches participate in services. They are inter-denominational.	
20. Does the facility have a Resident's Council? Family Council?	N/A		
Areas of Concern		Yes/No/NA	Exit Summary

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Nursing Home & Adult Care Home	Facility Name/Address: Peak Resources 801 Pinehurst Avenue, Carthage, NC 28327
Visit Date: 7/28/23	Time spent in facility: 1 hr. 20 min.	Arrival time: 10 am
Name of person exit interview was held with Thad Morgan, Administrator Interview was held in person		
Committee Members Present: Sandy Nusbaum and Ann Wolfe		Report Completed by: Sandy Nusbaum <i>45 min.</i>
Number of Residents who received personal visits from committee members: 4		
Resident Rights Information is clearly visible: Yes <i>(Required for Nursing Homes Only)</i>	Ombudsman Contact Info is correct and clearly posted: Yes Staffing information clearly posted: Yes 110 beds: Nursing-90, Adult Care 20	
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Y	
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N/A	
4. Were residents interacting with staff, other residents & visitors?	Y	Friendly & engaged staff in halls and activity room
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Y	Treated with respect & were assisting as needed
6. Did you observe restraints in use?	N	
7. If so, did you ask staff about the facility's restraint policies?	N/A	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Y	Lots of personal items from home for decor
9. Did you notice unpleasant odors in commonly used areas?	Y	200 hall slight odor
10. Did you see items that could cause harm or be hazardous?	Y	Kitchen door open, water on floor outside shower room on 100 & 400 halls, 2 excess supply carts unlocked on 400 & 300 halls
11. Did residents feel their living areas were too noisy?	N	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	N	This is a non-smoking facility
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	N/A	
Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Y	They have choices.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	Y	Residents do have access to their funds. Access to funds clearly posted by entrance.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Y	The Café posts alternatives with lots of choices and residents are given an option of where to dine. It would be helpful if residents with arthritis were asked if they preferred snacks opened for them.
18. Do residents have privacy in making and receiving phone calls?	Y	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Y	

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Skilled Living and Memory Care	Facility Name/Address: Dahlia Gardens 915 Pee Dee Road Aberdeen, NC	
Visit Date: 7/7/23	Time spent in facility: 2 hr. 30 min.	Arrival time: 10 a.m.	
Name of person exit interview was held with: Deborah Griggs-Administrator		Interview was held: In Person	
Committee Members Present: Ann Wolfe, Barbara Hainline and Sandy Nusbaum		Report Completed by: Sandy Nusbaum <i>2.5 hours</i>	
Number of Residents who received personal visits from committee members: 12			
Resident Rights Information is clearly visible: Yes The most recent survey was readily accessible: Yes <i>(Required for Nursing Homes Only)</i>		Ombudsman Contact Info is correct and clearly posted: Yes Staffing information clearly posted: Yes	
Resident Profile		Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?		Y	
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>		Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?		Y	
4. Were residents interacting with staff, other residents & visitors?		Y	Many residents were in common areas socializing or doing activities in assigned areas for such. Good to see so much socialization.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?		Y	
6. Did you observe restraints in use?		N	
7. If so, did you ask staff about the facility's restraint policies?		N/A	
Resident Living Accommodations		Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?		N/A	
9. Did you notice unpleasant odors in commonly used areas?		Y	Odors in halls 100 & 200.
10. Did you see items that could cause harm or be hazardous?		N	Many items were in halls; we were told they were doing a deep cleaning with the needed items.
11. Did residents feel their living areas were too noisy?		Y	Hoya lift in hall. Two med carts open in nurses' station area. In Memory Care: soiled table and bed in communal area. Central supply room door standing open.
12. Does the facility accommodate smokers? <i>Outside only</i>		Y	TV loud in activity room, floor dirty.
13. Were residents able to reach their call bells with ease?		N/A	
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 Y	Did not hear one call bell in time spent there – 2 ½ hrs.
Resident Services		Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?		Y	Observed tv, coloring, recipe cuts in activity area.
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>		N/A	

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home	Facility Name/Address: Terra Bella 101 Brucewood Road Southern Pines, NC
Visit Date 8/04/2023	Time spent in facility: 1 hr min	Arrival time: 9:00 <input type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: Cindy Currie <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) X Other Staff Rep. Director of Nursing (Name & Title)		Interview was held: X in Person <input type="checkbox"/> Phone
Committee Members Present: Silva Porter- Deal, Jeff Mercer, Madeline Mercer		Report Completed by: Madeline Mercer
Number of Residents who received personal visits from committee members: 10		Census is 57 Adult care 29; MC 28
Resident Rights Information is clearly visible: X Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: X Yes <input type="checkbox"/> No
The most recent survey was readily accessible: X Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information clearly posted: <input type="checkbox"/> Yes X No In office
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Y	
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Y	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	N/A	
6. Did you observe restraints in use?	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?	NO	
12. Does the facility accommodate smokers? Where? X 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? 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?	N/A	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	YES	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	YES	
18. Do residents have privacy in making and receiving phone calls?	YES	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	YES	
20. Does the facility have a Resident's Council? Family Council?	YES NO	
Areas of Concern	Yes/No/NA	Exit Summary

12. Does the facility accommodate smokers?

Where? X 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?

**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?

**Areas of Concern**

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

3

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home	Facility Name/Address Fox Hollow 190 Fox Hollow Rd Pinehurst, NC 28374
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Visit Date: 8/10/2023	Time spent in facility: hr 35 min	Arrival time: 1000 X am pm
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Name of person exit interview was held with	Interview was held: X in Person <input type="checkbox"/> Phone
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<input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep. (Name & Title) : Laurie Grubbs, Business Manager	
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Committee Members Present: Silva Porter-Deal, Jeff Mercer, Madeline Mercer	Report Completed by: JEFF MERCER
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Number of Residents who received personal visits from committee members: 5	
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Resident Rights Information is clearly visible: X Yes <input type="checkbox"/> No	Ombudsman Contact Info is correct and clearly posted: X Yes <input type="checkbox"/> No
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The most recent survey was readily accessible: <input type="checkbox"/> Yes X No (Required for Nursing Homes Only)	Staffing information clearly posted: <input type="checkbox"/> Yes X No
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Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Y	
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Y	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	N/A	
6. Did you observe restraints in use?	N	
7. If so, did you ask staff about the facility's restraint policies?	N/A	

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

Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Y	Residents commented on how enjoyable the activities were.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	Y	Census was at 72
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Y	
18. Do residents have privacy in making and receiving phone calls?	Y	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Y	
20. Does the facility have a Resident's Council? Family Council?	Y N	

Areas of Concern	Yes/No/NA	Exit Summary
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

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

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# Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home /MC	Facility Name/Address: Magnolia Gardens 594 Murray Hill Rd Southern Pines
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Visit Date 7/12/ 2023	Time spent in facility:	Arrival time: 1000 : x am <input type="checkbox"/> pm
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Name of person exit interview was held with: None Interview was held: <input type="checkbox"/> in Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		(Name & Title)
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Committee Members Present: Silva-Porter Deal, Madeline Mercer, Jeff Mercer	Report Completed by: Jeff Mercerf
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Number of Residents who received personal visits from committee members:	
Resident Rights Information is clearly visible: Yes <input type="checkbox"/> No	Ombudsman Contact Info is correct and clearly posted: Yes <input type="checkbox"/> No
The most recent survey was readily accessible <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Yes/No/ NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?		Sign on door stated that there was active COVID so we did not enter.
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>		
3. Did you see or hear residents being encouraged to participate in their care by staff members?		
4. Were residents interacting with staff, other residents & visitors?		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?		
6. Did you observe restraints in use?		
7. If so, did you ask staff about the facility's restraint policies?		

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?	

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	NO	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit The interior has been painted and up dated.
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### Community Advisory Committee Quarterly/Annual Visitation Report

County: MOORE	Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home	Facility Name/Address: Pinehurst Health and Rehab 300 Blake Blvd, Pinehurst NC 28374
Visit Date: 7 / 12 2023/	Time spent in facility: 1hr min	Arrival time: 1020 X am <input type="checkbox"/> pm
Name of person exit interview was held with: Misty Linder <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Admin. X SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Interview was held: X in Person (Name & Title)
Committee Members Present: Silva-Porter-Deal, Madeline Mercer, Jeff Mercer		Report Completed by: Jeff Mercer
Number of Residents who received personal visits from committee members: 9		
Resident Rights Information is clearly visible: X Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: X Yes <input type="checkbox"/> No
The most recent survey was readily accessible: X Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information clearly posted: X Yes <input type="checkbox"/> No
Resident Profile	Yes/No/ NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	y	
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	y	
4. Were residents interacting with staff, other residents & visitors?	y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	y	
6. Did you observe restraints in use?	n	
7. If so, did you ask staff about the facility's restraint policies?	n/a	
Resident Living Accommodations	Yes/No/ NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	n/a	
9. Did you notice unpleasant odors in commonly used areas?	n	
10. Did you see items that could cause harm or be hazardous?	n	
11. Did residents feel their living areas were too noisy?	n	

12. Does the facility accommodate smokers?

Where? x Outside only  Inside only  Both Inside/Outside

y

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

y

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

y

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?	y	Repairs are in process for previous water damage.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  Can residents access their monthly needs funds at their convenience?	y	
17. Are residents asked their preferences about meal/snack choices?  Are they given a choice about where they prefer to dine?	y	
18. Do residents have privacy in making and receiving phone calls?	y	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Y	
20. Does the facility have a Resident's Council?  Family Council?	y	
Areas of Concern	Yes/No/ NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	n	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit

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