

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: Greens at Pinehurst, 205 Rattlesnake Trail, Pinehurst, N.C. 28374	
Visit Date: 10 / 11 / 23	Time spent in facility: 2 hrs	Arrival time: 10:30 x am <input type="checkbox"/> pm	
Name of person exit interview was held with: Interview was held: x in Person <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Phone Trish Wood, Director (Name & Title)	
Committee Members Present: Barbara Hainline, Grace Anderson		Report Completed by: Grace Anderson	
Number of Residents who received personal visits from committee members 8			
Resident Rights Information is clearly visible: x Yes <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>		n/a	
3. Did you see or hear residents being encouraged to participate in their care by staff members?		n	A staff member ask a resident if they wanted to go to rehab. The resident said NO staff member said Ok and left.
4. Were residents interacting with staff, other residents & visitors?		n/a	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?		n/a	
6. Did you observe restraints in use?		n	
7. If so, did you ask staff about the facility's restraint policies?		n/a	
Resident Living Accommodations		Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?		n	
9. Did you notice unpleasant odors in commonly used areas?		y	.There was an odor in the 100 hall.
10. Did you see items that could cause harm or be hazardous?		y	
11. Did residents feel their living areas were too noisy?		n/a	
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? yes		n	One resident said it could be lunch time before they helped her get out of bed. We observed call bells ringing for an extended period of time. Another resident stated he did not want to use call bell on week-end because they were so understaffed.
Resident Services		Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?		n/a	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?		n/a	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?		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?		y	

20. Does the facility have a Resident's Council? Family Council?	y	
Areas of Concern The annual survey had just been done and it appeared the facility was paying a lot of attention to the areas of concern on the survey. They were trying to hire additional staff. <u>JANES DRIVER GREAT.</u>	Yes/No/NA	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input checked="" type="checkbox"/> Assisted Living/Memory Care <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Rehab & Nursing <input type="checkbox"/> Adult Care Home	Facility Name/Address: Philia Gardens Center for Nursing and Rehabilitation 915 Pee Dee Rd, Aberdeen
Visit Date: 9 / 4 /23	Time spent in facility: 1 hr 30 min	Arrival time: 10 : 00 X am <input type="checkbox"/> pm

Name of person exit interview was held with: Debra Griggs Interview was held: X in Person Phone
 X Admin. SIC (Supervisor in Charge) Other Staff Rep. Director

Committee Members Present: Sandy Nusbaum, Anne Wolfe, Grace Anderson	Report Completed by: Barbara Hainline
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Number of Residents who received personal visits from committee members: 7

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 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	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
4. Were residents interacting with staff, other residents & visitors?	Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Great interaction in the activity room and memory care. Activity room they were playing ball and a name game.
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?		

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	Very bright and cheery
9. Did you notice unpleasant odors in commonly used areas?	Yes	Outside of room 303 slight odor
10. Did you see items that could cause harm or be hazardous?	Yes	Cart unlocked in Somerset hall. Hall additionally cluttered with equipment.
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	No	
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?		None went off while we were there, but several residents voiced that it was taking a long time to get them answered.

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	Menu could be placed in a better spot in memory care
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	Currently they are meeting weekly.
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit? No Administrator starting in 2 days, Brittany Johnson, she came from a facility in Sanford. Debra Gribbs has made a big difference since she has been there 9 months, facility updated and clean. A new medical director starting shortly. There is a strong possibility of a change in ownership in the near future. We were assured that the families would be made aware of these changes before they happened. This is the reason for weekly Resident's Council	Yes/No/NA	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	X Adult Care Home/ Memory Care	Facility Name/Address: Seven Lakes Adult Care Home 292 MacDougal Dr. West End, NC, 27376
Visit Date: 11 / 28 / 2023	Time spent in facility: 1 hr 30 min	Arrival time: 10:05: x am <input type="checkbox"/> pm Interview was held: x in Person <input type="checkbox"/> Phone
Name of person exit interview was held with: Toni Lanni x Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title)		
Committee Members Present: Sandy Nusbaum, Anne Wolfe, Grace Anderson		Report Completed by: Grace Anderson
Number of Residents who received personal visits from committee members: 5		
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 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?

Observations	
n/a	
n	Resident was taking care of her own personal care.
n	A new physical therapy room was being set up.
y	Activities director was decorating the whole facility for Christmas. A lot of decorations already up and the activity room was full of more items.
y	A nonverbal resident was having her hair dried and styled.
n	
n	

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? 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?

Res/NA	Comments/Other
n	
y	There was a strong smell of cigarette smoke. There was a strong odor when entering the memory care. This might have been from a recent accident.
y	The door to housekeeping was open and cleaning supplies were within reach.
n/a	
y	
n/a	
n/a	

Resident Services

Yes/No/NA	Comments/Other
<input checked="" type="checkbox"/>	
y	

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?	n n	The menu for the day is posted outside the dining room, If they ask there would be an option for the meal. All residents, unless sick, eat in the dining room.
18. Do residents have privacy in making and receiving phone calls?	y	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	n	There are no church services held at the facility. They try to transport residents to different area churchs
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? The microwave is on a very low shelf that would be difficult for someone with any mobility issues to use. A window in the lounge was open and lots of spider webs around the inside of the window.		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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home	Facility Name/Address: St. Joseph of the Pines 103 Gossman Dr.; Southern Pines, NC
Visit Date: 10/06/2023	Time spent in facility: 0 hr 46 min	Arrival time: 9 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of person exit interview was held with: Phyllis Jones <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: Silva Porter-Deal, Jeff Mercer		Report Completed by: Jeff Mercer
Number of Residents who received personal visits from committee members: 5		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 type="checkbox"/> No
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Y	
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	y	Med prep closet open
3. Did you see or hear residents being encouraged to participate in their care by staff members?	y	Nurse cart unlocked on 600
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	
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? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Smoke-free	
13. Were residents able to reach their call bells with ease?	y	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	y	
Resident Services	Yes/No/NA	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Y	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	y y	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	y 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
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

Community Advisory Committee Quarterly/Annual Visitation Report

County: MOORE	Facility Type: <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: 10 / 30/ 2023	Time spent in facility: hr min	Arrival time: 10:00 x <input type="checkbox"/> am <input type="checkbox"/> pm							
Name of person exit interview was held with: Carron Casillas 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 Nursing Supervisor (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: 5 census 54									
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							
<p>1. Do the residents appear neat, clean and odor free?</p> <p>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></p> <p>3. Did you see or hear residents being encouraged to participate in their care by staff members?</p> <p>4. Were residents interacting with staff, other residents & visitors?</p> <p>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?</p> <p>6. Did you observe restraints in use?</p> <p>7. If so, did you ask staff about the facility's restraint policies?</p>		<table border="1" style="width: 100px; border-collapse: collapse;"> <tr><td>y</td></tr> <tr><td>y</td></tr> <tr><td>y</td></tr> <tr><td>y</td></tr> <tr><td>Y</td></tr> <tr><td>n</td></tr> <tr><td>n</td></tr> </table> <p>Linen carts in hall</p> <p>Cluttered hallway</p>	y	y	y	y	Y	n	n
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n									
<p>8. Did residents describe their living environment as homelike?</p> <p>9. Did you notice unpleasant odors in commonly used areas?</p> <p>10. Did you see items that could cause harm or be hazardous?</p> <p>11. Did residents feel their living areas were too noisy?</p> <p>12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input checked="" type="checkbox"/> Both Inside/Outside</p> <p>13. Were residents able to reach their call bells with ease?</p> <p>14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?</p>		<table border="1" style="width: 100px; border-collapse: collapse;"> <tr><td>n/a</td></tr> <tr><td>n</td></tr> <tr><td>n</td></tr> <tr><td>n</td></tr> <tr><td>n</td></tr> <tr><td>y</td></tr> <tr><td>y</td></tr> </table>	n/a	n	n	n	n	y	y
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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 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? Clutter in hallways	y	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit Linen carts in hall, clutter, as in previous visit

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Nursing Home & Adult Care & Memory Care	Facility Name/ Address: Pennick Village 500 East Rhode Island Avenue Southern Pines, NC 28387	
Visit Date: 10/04/23	Time spent in facility: 1 hr. 30 min.	Arrival time: 11:40 a.m.	
Name of person exit interview was held with: Joe Soto, Interim Administrator <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Interview held in Person (Name & Title)	
Committee Members Present: Ann Wolfe, Barbara Hainline, Grace Anderson, Sandy Nusbaum		Report Completed by: Sandy Nusbaum	
Number of Residents who received personal visits from committee members: 5			
Resident Rights Information is clearly visible: Yes		Ombudsman Contact Info is correct and clearly posted: Yes	
The most recent survey was readily accessible: Yes No (Required for Nursing Homes Only)		Staffing information clearly posted: Yes	
Resident Profile	Yes/No/NA	Comments/Other Observations	
1. Do the residents appear neat, clean and odor free?	Yes		
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	Yes		
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N/A		
4. Were residents interacting with staff, other residents & visitors?	Yes		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes		
6. Did you observe restraints in use?	No		
7. If so, did you ask staff about the facility's restraint policies?	N/A		
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations	
8. Did residents describe their living environment as homelike?	Yes		
9. Did you notice unpleasant odors in commonly used areas?	No		
10. Did you see items that could cause harm or be hazardous?	Yes	Equipment in hall 100 both sides	
11. Did residents feel their living areas were too noisy?	No		
12. Does the facility accommodate smokers?	No		
13. Were residents able to reach their call bells with ease?	N/A	Most residents in dining room	
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	Meets weekly	
Areas of Concern	Yes/No/NA	Exit Summary	

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

No

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 checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> X Adult Care Home /MC	Facility Name/Address: Magnolia Gardens 594 Murray Hill Rd, Southern Pines
Visit Date 11/16/2023	Time spent in facility: 65 minutes	Arrival time: 9:15 x am <input type="checkbox"/> pm
Name of person exit interview was held with: Interview was held: X <input type="checkbox"/> in Person <input type="checkbox"/> Phone X Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Kim Phifer Asst. Director
Committee Members Present: Madeline Mercer and Jeff Mercer		Report Completed by: Jeff Mercer

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

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 <input type="checkbox"/> Yes <input type="checkbox"/> No N/A (Required for Nursing Homes Only)	Staffing information clearly posted: X <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?	Y	
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Y	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Y	
6. Did you observe restraints in use?	N	
7. If so, did you ask staff about the facility's restraint policies?	N/A	
Resident Living Accommodations	Yes/No/ NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	N	
9. Did you notice unpleasant odors in commonly used areas?	Y	
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	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Y
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	Y
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Y
18. Do residents have privacy in making and receiving phone calls?	Y
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Y
20. Does the facility have a Resident's Council? Family Council?	Y
Areas of Concern	
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Bedbug infestation, call bell response, open laundry rooms with open detergent. The main concerns are call bell response and helping fallen patient. Another concern was the trip hazard	N

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> MC	Facility Name/Address: Terra Bella, 101 Brucewood Rd; Southern Pines, NC	
Visit Date 11/16/2023	Time spent in facility: 0 hr 35 min	Arrival time: 10:25 x <input type="checkbox"/> am <input type="checkbox"/> pm	
Name of person exit interview was held with: <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep. Cindy Currie Director of Nursing / Kris Fox Maintenance director		Interview was held: in Person <input checked="" type="checkbox"/> Phone	
Committee Members Present: Jeff Mercer, Madeline Mercer		Report Completed by: Madeline Mercer	
Number of Residents who received personal visits from committee members: 7 Census is 34 Adult care 24 MC			
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 <input type="checkbox"/> Yes <input type="checkbox"/> No In office	
Resident Profile	Yes/No/NA	Comments/Other Observations	
1. Do the residents appear neat, clean and odor free?	Y	<p>Comments: </p>	
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	Y		
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Y		
4. Were residents interacting with staff, other residents & visitors?	Y		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Y		
6. Did you observe restraints in use?	N		
7. If so, did you ask staff about the facility's restraint policies?	N		
Resident Living Accommodations	Y	<p>Comments: </p>	
8. Did residents describe their living environment as homelike?	N		
9. Did you notice unpleasant odors in commonly used areas?	N		
10. Did you see items that could cause harm or be hazardous?	N		
11. Did residents feel their living areas were too noisy?	N		
12. Does the facility accommodate smokers? Where? X Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	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	Y		
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Y		
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	Y		
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Y		
18. Do residents have privacy in making and receiving phone calls?	Y		
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Y		
20. Does the facility have a Resident's Council? Y Family Council? Y	Y		
Areas of Concern	Y	Exit Summary	
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Y	Discuss items from "Areas of Concern" The Director has been absent at every visit	

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: 10/30/2023/	Time spent in facility: 1 hr 11 min	Arrival time: 9:00 x am <input type="checkbox"/> pm
Name of person exit interview was held with: Misty Linder Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone x Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		(Name & Title)
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: 9		
Resident Rights Information is clearly visible: x Yes 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 <i>(Required for Nursing Homes Only)</i>	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?	N/A	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	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/A	
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	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	Y Y	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Y 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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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 <input checked="" type="checkbox"/> Memory Care	Facility Name/Address: Tara Plantation of Carthage, 820 S McNeill St, Carthage, NC 28327
Visit Date: 11 / 14 / 23	Time spent in facility: 1 hr 20 min	Arrival time: 10:00 X am <input type="checkbox"/> pm
Name of person exit interview was held with: <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep. Owner		Interview was held: X in Person <input type="checkbox"/> Phone
Committee Members Present: Ann Wolfe, Barbara Hainline, Grace Anderson		Report Completed by: Ann Wolfe
Number of Residents who received personal visits from committee members: 10		
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: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) N/A		Staffing information clearly posted: X Yes <input type="checkbox"/> No – currently at ratio
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents appeared clean and in clean clothing.
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	If assistance was needed, residents said it was provided by staff.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	Staff encouraged participation and activity.
4. Were residents interacting with staff, other residents & visitors?	Yes	Residents were engaged with other residents or sitting by themselves in common areas.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	Staff immediately engaged with MC resident having difficulty sitting upright.
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	Significant improvements to lighting and maintenance of the facility.
9. Did you notice unpleasant odors in commonly used areas?	Yes	MC Unit 1 had a slight urine odor.
10. Did you see items that could cause harm or be hazardous?	Yes	Overhead air return not fully secured on 100 Hallway; a door with a to be locked sign was unlocked – per Admin, the room was not being used in a way that now required locking.
11. Did residents feel their living areas were too noisy?	No	
12. Does the facility accommodate smokers?	Yes	Secure, well-maintained area outside areas provided with easy access.
Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside		
13. Were residents able to reach their call bells with ease?	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?	N/A	Wide range of activities clearly posted in both MC and AL areas.
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	Access to funds information posted.
	Yes	

17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes No	The daily menu was posted with serving times. Alternatives are made available upon request per Admin. All residents are required to eat in the respective dining rooms unless they are ill.
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	Transportation and assistance provided for Sunday Services.
20. Does the facility have a Resident's Council? Family Council?	Yes N/A	Posted activities and promotion of the Council were observed.

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

- Lighting and facility maintenance improved significantly over previous visit. Noted items from last visit had been repaired and facility looked to be in very good shape.
- Evacuation routes were clearly marked.

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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 <input checked="" type="checkbox"/> Memory Care	Facility Name/Address: Brookdale Pinehurst, 17 Regional Drive, Pinehurst, NC 28374	
Visit Date: 11 / 14 / 23	Time spent in facility: hr 40 min	Arrival time: 11 : 40 X am <input type="checkbox"/> pm	
Name of person exit interview was held with: <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Interview was held: <input type="checkbox"/> in Person <input checked="" type="checkbox"/> Phone (Name & Title) Raymond Estevez, Administrator	
Committee Members Present: Ann Wolfe, Barbara Hainline, Grace Anderson		Report Completed by: Ann Wolfe	
Number of Residents who received personal visits from committee members: 8			
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: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) N/A		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?		Yes	The residents all appeared clean and neat.
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?		Yes	
4. Were residents interacting with staff, other residents & visitors?		Yes	In Memory Care there were close interactions with staff encouraging activity participation.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?		N/A	
6. Did you observe restraints in use?		No	
7. If so, did you ask staff about the facility's restraint policies?		N/A	
Resident Living Accommodations		Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?		Yes	For residents and a family member, they described the efforts taken by the staff to make the space as comfortable and homelike as possible. The rooms and common areas reflected this.
9. Did you notice unpleasant odors in commonly used areas?		Yes	In the MC TV Lounge area, there was a slight urine odor.
10. Did you see items that could cause harm or be hazardous?		No	However, did note that the middle window base in the MC unit showed spot evidence of rusting in the corner.
11. Did residents feel their living areas were too noisy?		N/A	
12. Does the facility accommodate smokers?		Yes	Comfortable sitting areas outside with shade and rocking chairs.
Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside			
13. Were residents able to reach their call bells with ease?		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 N/A	

17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	There are numerous menu and snack options clearly posted outside of the dining room; in addition to those regularly scheduled, snacks are available upon request. While residents are encouraged to eat in the dining room, it is their choice.
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	The large print posted calendar includes a wide variety of activities including religious activities.
20. Does the facility have a Resident's Council? Family Council?	Yes N/A	
Areas of Concern	Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	No	The visit showed a bright, clean facility with engaged staff and residents who appeared happy to be there. In addition to residents, we also spoke with a family member who had nothing but positive things to say about the facility and the staff. We did note the one area of odor and also the appearance of rust on the bottom of a middle window in the MC unit in our summary to the administrator.

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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 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
Visit Date: 7/7/2023	Time spent in facility: 1 hr 00 min	Arrival time: 10:04 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title)
Name of person exit interview was held with: Ashley Robinson, Administrator <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep.		Committee Members Present: Jeff Mercer, and Silva Porter-Deal
Committee Members Present: Jeff Mercer, 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		
The most recent survey was readily accessible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		
Resident Profile		
1. Do the residents appear neat, clean and odor free?	Yes	Comments/Other Observations
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	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.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
4. Were residents interacting with staff, other residents & visitors?	Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	NA	
Resident Living Accommodations		
8. Did residents describe their living environment as homelike?	NA	Comments/Other Observations
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? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	No	
13. Were residents able to reach their call bells with ease?	Yes	Call bells are around the resident's neck.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	NA	
Resident Services		
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	Comments/Other Observations
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	Yes	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes	The residents can make choices for the alternate menu. The residents receive three snacks each day.
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	
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 NA	Exit Summary

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Community Advisory Committee Quarterly/Annual Visitation Report

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	Fox Hollow 190 Fox Hollow Rd Pinehurst NC 28374
Visit Date 11/29 /2023	Time spent in facility: 1 hr 00 min	Arrival time: 9:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: Nydia Brooks <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title)
Committee Members Present: Jeff Mercer and Silva Porter-Deal		Report Completed by: Silva Porter-Deal

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

Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) NA – score was posted	Staffing information clearly posted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No It does not have to be posted in Assisted Living

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	Yes	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
4. Were residents interacting with staff, other residents & visitors?	Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	NA	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	NA	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	NA	
9. Did you notice unpleasant odors in commonly used areas?	NA	
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	NA	
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	Outside for residents
13. Were residents able to reach their call bells with ease?	NA	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	NA	
Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	NA	Activities calendar posted
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	Yes	
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	Residents' Council once a month
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?	NA	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
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