

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home	Facility Name/Address: Cardinal Cottage 155 Blake Blvd. Pinehurst, N.C. 28374 <i>12/10</i>
Visit Date: 02/ 15 /24	Time spent in facility 35 minutes	Arrival time 11:50 x am
Name of person exit interview was held with: Interview was held: in Person Staff Rep. , Asst. Director		<input type="checkbox"/> Phone Admin. <input type="checkbox"/> SIC (Supervisor in Charge) x Other
Committee Members Present: Barbara Hainline, Grace Anderson		Report Completed by: Grace Anderson

Number of Residents who received personal visits from committee members 4

Resident Rights Information is clearly visible: No	Ombudsman Contact Info is correct and clearly posted: Yes No
The most recent survey was readily accessible: Yes No <i>(Required for Nursing Homes Only)</i>	Staffing information clearly posted: No

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	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	
4. Were residents interacting with staff, other residents & visitors?	n	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	n/a	All but one resident was in their room. The one resident was new and in the living room..
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/a	
12. Does the facility accommodate smokers? Where? x Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	n	
13. Were residents able to reach their call bells with ease?	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	
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?	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?	n	
20. Does the facility have a Resident's Council? Family Council?	n	

Areas of Concern	Yes/No/NA	Exit Summary
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We talked with two long term residents (6 years) and they were both happy with their living environment. One resident said he use to be able to sit outside and was no longer able to do. There was concern about other residents wandering off so now everybody had to have staff with them.

The new resident was happy with her living area.

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 Rehab/Memory Care	Facility Name/Address: Quail Haven, 155 Blake Blvd., Pinehurst, NC	
Visit Date: 1 / 24 / 24	Time spent in facility: 1 hr 15 min	Arrival time: 11 : 30 X am <input type="checkbox"/> pm	
Name of person exit interview was held with: Crystal Hofstetter RN X 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: Ann Wolfe, Barbara Hainline		Report Completed by: Barbara Hainline	
Number of Residents who received personal visits from committee members: 10 (51 out of 60 beds filled)			
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? 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	In memory care the residents were playing a verbal game and almost everyone was participating and appeared to be enjoying Staff very friendly and helpful.
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Outside of rooms 542, 543, & 421 Additionally residents wear a watch that can act as a call bell. Some residents felt it takes too long to have the bell 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? 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 <input type="checkbox"/> No	Activities can change during the month if it is requested. Many activities planned with bingo being one of the favorites
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?		<input type="checkbox"/> Yes <input type="checkbox"/> Yes	The food is well liked by all the residents we spoke to.

19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Church services each Sunday
20. Does the facility have a Resident's Council? Family Council?	Yes	Very active, President and VP information posted on bulletin board.
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Yes/No/NA	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit
We discussed the call bell protocol. Call bells do not ring, but light appears at the nurses station. Additionally the call goes to the Director's computer and she can tell how fast it is answered. They can't be turned off unless in the room. Per Crystal call bells are to be answered within 10 mins.		Not many residents going to the dining room. One stated she was uncomfortable going and would rather eat in her room.
Great activity board, easy for all to read and make changes on during the month. Many outside personal outside care givers in the facility. Bill of rights in each room.		

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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"/> X Adult Care Home	Facility Name/Address: The Coventry/St.Joseph's of the Pines 105 Gossman Dr. Southern Pines, N.C.28387
Visit Date: 01 17 /24	Time spent in facility 1 hr 5 minutes	Arrival time 12:00 x pm
Name of person exit interview was held with: Interview was held: x in Person <input type="checkbox"/> Phone x Admin. <input type="checkbox"/> SIC (Supervisor in Charge) Other Staff Rep. Ashley Robinson Administrator		
Committee Members Present: Barbara Hainline, Grace Anderson		Report Completed by: Grace Anderson
Number of Residents who received personal visits from committee members 4		
Resident Rights Information is clearly visible: x Yes No		Ombudsman Contact Info is correct and clearly posted: x Yes No
The most recent survey was readily accessible: Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>		Staffing information clearly posted: <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?	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?	y	Residents have their own furniture in their rooms.
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	The facility is bright, clean and attractive.
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?	y	Residents wear alert devices around their necks.
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	The activity calendar had several activities every day.
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?	y	The menu is posted with several choices for every meal. It is on a 5 week rotation. Residents in Memory Care were in the dining area during our visit. They appeared to be satisfied with their lunch.
18. Do residents have privacy in making and receiving phone calls?	n/a	Residents have their own phones.
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 [REDACTED]	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 type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home Refab	Facility Name/Address: St Joseph's Health Center 103 Grossman Dr. Pinehurst Nc
Visit Date: 1 / 17 / 2024	Time spent in facility: 1 hr 15 min	Arrival time: 10 : 30 X am <input type="checkbox"/> pm
Name of person exit interview was held with: Phyllis Jones X 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: Grace Anderson		Report Completed by: Barbara 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 type="checkbox"/> No
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities? Ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents interacting with staff, other residents & visitors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies?	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	It can take a long time in the mornings to have a staff member help them to get dressed. Present for morning donuts and coffee in the dining area Did not see
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 checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Hallways clean Didn't observe, but no call buttons were going off.
Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/> <input checked="" type="checkbox"/>	Activities were limited still using Covid protocols
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?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Old menus up, menus are changed on a 5 week cycle. Then updated by Quarter
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?

They have birds in both dining areas that are cared for by an outside service. It appeared the service had not been done in some time.

It is concerning that the residents do not have any idea when the staff will come in to dress and clean them in the mornings. It can be early or late morning.

Check on activities offered on the next visit as this visit there were not many listed. Adm stated their favorite activity is Bingo, this is where they get participation.

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

This was our first visit there. Many vacant rooms.

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Family Care Home <input checked="" type="checkbox"/> Nursing Home Adult Care Home	Facility Name/Address: Peak Resources/Pinelake 801 Pinehurst Ave, Pinehurst, N.C, 28374
Visit Date: 01 23 / 24	Time spent in facility 1 hr 15 minutes	
Name of person exit interview was held with: Interview was held: <input checked="" type="checkbox"/> in Person Rep. Thad Morgan Administrator		Phone <input checked="" type="checkbox"/> Admin. SIC (Supervisor in Charge) Other Staff
Committee Members Present: Barbara Hainline, Grace Anderson		Report Completed by: Grace Anderson

Number of Residents who received personal visits from committee members 7

Resident Rights Information is clearly visible: Yes No Ombudsman Contact Info is correct and clearly posted: Yes No

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

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	y	Residents appeared neat, clean and happy.
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	Staff interacted with residents and they also appeared happy.
4. Were residents interacting with staff, other residents & visitors?	y	Most residents were happy to chat with us and mentioned how well they were taken care of.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	y	A resident that how difficulty speaking was in the hall and a staff member was interacting with her.
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	As much as any place away from home could be.
9. Did you notice unpleasant odors in commonly used areas?	y	There was a strong odor in the 300 hall. Could not identify what the odor was.
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 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?	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	The activity calendar had several activities every day.
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?	y	Every resident we spoke with said how good the food was.
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	Thad is trying to get more community involvement and would like additional religious groups to be involved. They do not have a bus or van so they can not transport residents to church services.
20. Does the facility have a Resident's Council? Family Council?	y	There were numerous posters with information for residents around the facility. Some noting the residents rights and places to file a complaint if they had one. These were in addition to the main Residents rights information.
Areas of Concern	Yes/No/NA	Exit Summary

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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	Facility Name/Address: Tara Plantation of Carthage, 820 S McNeill St, Carthage, NC
Visit Date: 01 / 23 / 24	Time spent in facility: 1 hr min	Arrival time: 11 : 40 X am <input type="checkbox"/> pm
Name of person exit interview was held with: Mary Ledford <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) (59 out of 70 occupied)
Committee Members Present: Barbara Hainline, Grace Anderson		Report Completed by: Barbara Hainline
Number of Residents who received personal visits from committee members: 4		
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: Yes X 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? 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?	Y Y N N NA N N	
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 not, did you share this with the administrative staff?	N Y N N Y N/A NA	As soon as you walked in urine smell
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	
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	Banking hours set
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	N	
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?		
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?

After visiting for one year little has changed. Facility is dark and needs an update. They are to be redoing the flooring in the rooms, to date 2 have been done with materials purchased for the 3rd. (This was stated a priority at the beginning of last year).

Activities are limited.

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

It will be good for Jeff's team to go in and have a fresh set of eyes.

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Family Care Home <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> X Adult Care Home	Facility Name/Address: Magnolia Gardens, 594 Murray Hill Rd., Southern Pines, N.C. 28387
Visit Date: 02/ 07 / 24	Time spent in facility 1 hr 5 minutes	Arrival time 11:00 x am
Name of person exit interview was held with: Interview was held: x in Person Staff Rep. Shelia Orr, Asst. Director		<input type="checkbox"/> Phone Admin. <input type="checkbox"/> SIC (Supervisor in Charge) x Other
Committee Members Present: Ann Wolfe, Grace Anderson		Report Completed by: Grace Anderson
Number of Residents who received personal visits from committee members 7		
Resident Rights Information is clearly visible: x Yes No	Ombudsman Contact Info is correct and clearly posted: x Yes No	
The most recent survey was readily accessible: Yes No (Required for Nursing Homes Only)	Staffing information clearly posted: x 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	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	n	
4. Were residents interacting with staff, other residents & visitors?	y	Several residents were out of their rooms and moving around.
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	The dining room was decorated for Valentines Day and they were going to have a dance.
9. Did you notice unpleasant odors in commonly used areas?	y	There were strong odors in the 200, 400, 600 and 800 halls
10. Did you see items that could cause harm or be hazardous?	y	The planks of the vinyl flooring were curling on the edges. This could possibly be a tripping hazard. There was a transport chair in the hallway.
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?	n/a	.NO call bells were going off during our visit.
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	The activity calendar had several activities every day.
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	Menus are posted and residents may request a sheet to order off menu. It sounds like a lot of residents are not aware of this option. All residents eat in the dining room unless they are ill.
18. Do residents have privacy in making and receiving phone calls?	n/a	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	n	
20. Does the facility have a Resident's Council? Family Council?	y	

Areas of Concern	Yes/No/NA	Exit Summary
Currently they are bedbug free. They had RSV in the Memory Care so we did not go in there.		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 <input checked="" type="checkbox"/> Rehab	Facility Name/Address: Pinehurst Rehabilitation Center, 300 Blake Blvd, Pinehurst <nc></nc>	
Visit Date: 02 / 15 / 24	Time spent in facility: 1 hr 30 min	Arrival time: 10 : 30 X am <input type="checkbox"/> pm	
Name of person exit interview was held with: Misty Lender, Admin X 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)	
Barbara Hainline, Grace Anderson		Report Completed by: Barbara Hainline	
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) In Dir Office		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? 2. Did residents say they receive assistance with personal care activities? Ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents interacting with staff, other residents & visitors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies?		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bible study going on while we were there at least 15 involved
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? 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 not, did you share this with the administrative staff?		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Some hallways better lite than others. Odor observed in every wing Hallways cluttered, especially 300
Resident Services		Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? 18. Do residents have privacy in making and receiving phone calls? 19. Is there evidence of community involvement from other civic, volunteer or religious groups?		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Sometimes
			Catholic church active, on Valentines Day they came through and gave all residents a card.

20. Does the facility have a Resident's Council? Family Council?	Y	We were told their were both but neither of them are active.
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit? The call bell issue not being answered we witnessed. A woman in a wheel chair asked for our help to get back in Bed as she had been waiting an hour for help. Grace went to the nurses station and asked for help. We waited, the CNA she spoke with instead of going to help the woman, went into to make a bed instead. Grace followed her and told her she needed to go help the woman down the hall, which she then did. We spoke with Misty at our exit interview. She said this is not following protocol and would look into it. The residents we spoke with said that it is very challenging to get someone to answer the call bells. Med room unlocked Hall 200. Residents were happy to have visitors. It appeared many did not have any family involvement.	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"/> Family Care Home Nursing Home <input type="checkbox"/> Adult Care Home Rehab	Facility Name/Address: Cardinal Cottage, 155 Blake Blvd. Building 221, Pinehurst, NC	
Visit Date: <u>3/15/24</u>	Time spent in facility: hr 45 min	Arrival time: 12 : 00	am <input checked="" type="checkbox"/> pm
Name of person exit interview was held with: Crystal Hofstetter, Adm <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Interview was held: in Person <input type="checkbox"/> Phone	
Committee Members Present: Grace Anderson, Barbara Hainline		Report Completed by: Barbara Hainline	
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 <i>(Required for Nursing Homes Only)</i>		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? <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?	Y		
4. Were residents interacting with staff, other residents & visitors?	Y/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?	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? <i>Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside</i>	N		
13. Were residents able to reach their call bells with ease?	NA		
14. Did staff answer call bells in a timely & courteous manner? <i>If no, did you share this with the administrative staff?</i>	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?	Y		
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		
17. Are residents asked their preferences about meal/snack choices? <i>Are they given a choice about where they prefer to dine?</i>	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?	N		
20. Does the facility have a Resident's Council? <i>Family Council?</i>	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?

All the rooms had the residents own furniture. Very family like setting and extremely clean. We came right after lunch and everything was spotless. Residents seemed very happy and content.

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit
Facility part of Quail Haven.

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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: Fox Hollow Senior Living Community 190 Fox Hollow Ct, Pinehurst, NC 28374
Visit Date: 01/24/2024	Time spent in facility: 1 hr 15 min	Arrival time: 1000 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. <input type="checkbox"/> Owner		Interview was held: X in Person <input type="checkbox"/> Phone (Name & Title) Nadia Brooks, Administrator
Committee Members Present: Barbara Hainline, Ann Wolfe		Report Completed by: Ann Wolfe
Number of Residents who received personal visits from committee members: 2		
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) X N/A		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	Residents reported sometimes long wait times for assistance Especially in Memory Care, very positive interactions between staff and residents In Memory Care, staff demonstrated patience and care
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	Yes	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
4. Were residents interacting with staff, other residents & visitors?	Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	NA	
Resident Living Accommodations	Yes/No/ NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	NA	Slight urine odor upon arrival and on 100 hall
9. Did you notice unpleasant odors in commonly used areas?	Yes	
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	NA	
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?	NA	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	No Yes	
Resident Services	Yes/No/ NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	NA	Daily activities list shown with variety of activities throughout the day/week in both A/L and MC. Changes made in activities and schedule per resident requests. Updated activities available at the front desk.
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?	NA NA	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes Yes	
		The daily menu was not posted, but lots of "always available and alternate options" posted. There were mixed opinions about the food. If dining in their room, staff member brings in menu and takes their meal order.

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: Terra Bella 101 Brucewood Rd, Southern Pines, NC 28387
Visit Date: 02/07/2024	Time spent in facility: 1 hr min	Arrival time: 1207 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of person exit interview was held with: Cindy Currie, LPN <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep. Owner		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title) Jennifer Angel, Bus Office/Exec Dir
Committee Members Present: Ann Wolfe, Grace Anderson		Report Completed by: Ann Wolfe
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 type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) N/A		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?	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>	NA	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	NA	
4. Were residents interacting with staff, other residents & visitors?	Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	NA	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	NA	
Resident Living Accommodations	Yes/No/ NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	No	Boxes were observed on the floor outside of the salon awaiting unpacking
11. Did residents feel their living areas were too noisy?	No	
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	Residents must be accompanied by a staff member and wear protective clothing to avoid burns
13. Were residents able to reach their call bells with ease?	NA	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	NA	
Resident Services	Yes/No/ NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	A request for some new activities was shared
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?	NA	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes/No NA	MC had no alternate options listed; over-all favorable view of the food. Observed many residents sitting together in the dining hall.
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	While not on the activities calendar, there are religious services on Sundays

20. Does the facility have a Resident's Council? Family Council?	Yes No	Exit Summary
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit? - An unattended electrical charger was hanging off a wall outlet in a common hall		<ul style="list-style-type: none"> - Residents seemed happy - Lots of decorations, activities and interaction with residents in Memory Care unit - Facility clean - Completed Emergency Plan that is regularly reviewed

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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	Pencik Village 500 E Rhode Island Ave Southern Pines NC 28387
Visit Date: 2/19/24	Time spent in facility: 1 hr 00 min	Arrival time: 9:15 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: Director of Nursing Conte Millsa <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 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) Posted at the front door by the receptions desk.	Staffing information clearly posted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Not 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?	NA	
7. If so, did you ask staff about the facility's restraint policies?	NA	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	The building is scheduled for renovations in the coming future.
9. Did you notice unpleasant odors in commonly used areas?	Yes	Second floor between 1 st and 2 nd elevator
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? <i>Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside</i>	Yes	
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner? <i>If no, did you share this with the administrative staff?</i>	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	Activities calendar posted
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	They can go out daily.
17. Are residents asked their preferences about meal/snack choices? <i>Are they given a choice about where they prefer to dine?</i>	Yes	
18. Do residents have privacy in making and receiving phone calls?	Yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a Resident's Council? <i>Family Council?</i>	Yes	Residents' Council once a month-
Areas of Concern	Yes/No/NA	Exit Summary

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Assisted Living/Memory Care X Family Care Home Rehab & Nursing Home Adult Care Home MC	Facility Name/Address: Aegis 6FCH beds 125 Longleaf Drive, Southern Pines, NC 28387, 910-442-2552
Visit Date 2-21-24	Time spent in facility: 30 MINUTES	Arrival time: 1030 x <input type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) Other Staff Rep Alan Millikan		Interview was held: in X Person <input type="checkbox"/> Phone
Committee Members Present: Silva Porter-Deal, Madeline Mercer, Jeff Mercer		Report Completed by: Madeline Mercer
Number of Residents who received personal visits from committee members: 2 Census is 5 Adult care		
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: Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information clearly posted: <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	There were lots of staff present as they were Painting, and "Spring Cleaning"
2. Did residents say they receive assistance with personal care activities? Ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	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	
Resident Living Accommodations	Y	Residents have private rooms which were neat and tidy.
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? X Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	N	
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Y	
Resident Services	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	Meals are delivered from St Joseph's
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	N	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" The Director has been absent at every visit

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Assisted Living/Memory Care Family Care Home x Rehab & Nursing Home Adult Care Home 0 MC	Facility Name/Address: The Greens of Pinehurst, 205 Rattlesnake Trail, Pinehurst, NC 28374 910-295-1781
Visit Date 2-14-24	Time spent in facility: 1 hour	Arrival time: <input type="checkbox"/> am 20 x pm
Name of person exit interview was held with: Trish Wood X Admin. <input type="checkbox"/> SIC (Supervisor in Charge) Other Staff Rep		Interview was held: X in Person <input type="checkbox"/> Phone
Committee Members Present: Jeff Mercer and Madeline Mercer		Report Completed by: Jeff Mercer
Number of Residents who received personal visits from committee members: 5 Census is 91 Adult care		
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 No In office
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	N	
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	N/A	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N	
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	
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	Smell of urine in the hall 100
10. Did you see items that could cause harm or be hazardous?	Y	Med carts unlocked in halls 100/200
11. Did residents feel their living areas were too noisy?	Y	Linen carts, lifts, cluttered all halls Spouse of patient complained about her husband's bed. He was a new patient.
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?	N	Call bells rang constantly
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	Therapy was busy with patients
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? N VET COUNCIL Y	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? Med. Carts, call bell response,	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 checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home	Facility Name/Address: Savannah House, 128 Carlisle St, Southern Pines, NC 28387, 910-5289611
Visit Date: 1-30-24	Time spent in facility: 0 hr 13 min	Arrival time: 1107 X am pm
Name of person exit interview was held with <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) Other Staff Rep. (Name & Title): Sharronda Savannah Administrator		Interview was held: <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Phone
Committee Members Present: Jeff & Madeline Mercer		Report Completed by: Madeline Mercer
Number of Residents who received personal visits from committee members: 1 Census 3		
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"/> No (Required for Nursing Homes Only)		Staffing information clearly posted: <input 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?	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	
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	
Resident Living Accommodations	Y	
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? Outside only <input type="checkbox"/> Inside only <input checked="" type="checkbox"/> Both Inside/Outside	n	
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	N/A	
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? Family Council?	N/A	
Areas of Concern	N	
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?		