

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 5/15/24	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: Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep. <input checked="" type="checkbox"/> Director of Nursing Millsa Conte			
Committee Members Present: Jeff Mercer, Madeline Mercer, Silva Porter-Deal, Jim DeKomfeld		Report Completed by: Jeff Mercer	
Number of Residents who received personal visits from committee members: Seven			
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			
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?		Yes/No/NA	
		Yes	Staff was very interactive with residents
		Yes	
		Yes	
		Yes	
		NA	
		No	
NA			
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? <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? 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?		Yes/No/NA	
		Yes	The building is scheduled for renovations.. Second floor between 1 st and 2 nd elevator First floor rooms are being renovated and Painted.
		No	
		No	
		No	
		Yes	
		Yes	
NA			
Resident Services			
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? 18. Do residents have privacy in making and receiving phone calls? 19. Is there evidence of community involvement from other civic, volunteer or religious groups? 20. Does the facility have a Resident's Council? Family Council?		Yes/No/NA	
		Yes	Activities calendar posted They can go out daily. Residents seemed content. Memory care was bright with access to the outside
		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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home (Assisted Living) <input checked="" type="checkbox"/> Adult Care Home	Facility Name/Address: Tara Plantation, 820 S. McNeill St. Carthage, NC 28327 (910) 947-5888
Visit Date 4/5/24	Time spent in facility: 1 hr min	Arrival time: 9 X am <input type="checkbox"/> pm
Name of person exit interview was held with: ie <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) Other Staff Rep. (Name & Title) Mary Ledford Director		Interview was held: in Person <input type="checkbox"/> Phone
Committee Members Present: Sandy Nusbaum, Jeff & Madeline Mercer, Silva Porter-Deal, Observing Suzanne LaFollettBlack		Report Completed by: Jeff Mercer
Number of Residents who received personal visits from committee members: 5 Census is 60 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 X (Required for Nursing Homes Only)	Staffing information clearly posted: <input type="checkbox"/> Yes No In office.	
Resident Profile	Yes/No/N/A	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	Hallways are dark, Light in library was dark to the point that reading is difficult
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N	No menu choices, menu is behind a door and plant
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	
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		
8. Did residents describe their living environment as homelike?	N	Tear in carpet/ trip hazard
9. Did you notice unpleasant odors in commonly used areas?	Y	Instead of call bells, residents were given cowbells
10. Did you see items that could cause harm or be hazardous?		Call bell system is broken with no plans to fix or repair it.
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	No assistance to get residents to dining hall
13. Were residents able to reach their call bells with ease?	N	
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?	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?	Y	
Areas of Concern	Exit Summary	

Lighting. Call bells, personal care. Residents unaware of Medicaid monthly allotment

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County: Moore	Facility Type: <input checked="" type="checkbox"/> Assisted Living/Memory Care <input checked="" type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Rehab & Nursing Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> MC	Facility Name/Address: Dahlia Gardens Center for Nursing and Rehabilitation , 915 Pee Dee Road, Aberdeen, NC 28315 910.944.8999
Visit Date 4/18/24	Time spent in facility: 1hour	Arrival time: 1:10 <input checked="" 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 Lauren Fink		Interview was held: Xin Person <input type="checkbox"/> Phone
Committee Members Present: Jeff Mercer, Silva Porter-Deal, Suzanne LaFollettBlack, Jim DeKomfeld		Report Completed by: Jeff Mercer
Number of Residents who received personal visits from committee members: 6		Census 85
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? <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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
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? <i>Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside</i> 13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? <i>If no, did you share this with the administrative staff?</i>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Hallways were cluttered with linen carts and lifts Medical carts in two hallways were unlocked
Resident Services		
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? 18. Do residents have privacy in making and receiving phone calls? 19. Is there evidence of community involvement from other civic, volunteer or religious groups? 20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> <i>Family Council? <input checked="" type="checkbox"/> Feb. organizing meeting</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Disaster plan is in process It is much improved from last visit. The new director is focused on resident services and improving in all areas.
Areas of Concern	Exit Summary	
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Yes: unlocked med carts, clutter		Discuss items from "Areas of Concern"

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County: Moore	Facility Type: <input checked="" type="checkbox"/> Assisted Living/Memory Care <input type="checkbox"/> Family Care Home Rehab & Nursing Home <input type="checkbox"/> Adult Care Home MC	Facility Name/Address: Seven Lakes, 292 MacDougal Drive, West End, NC 27376 (910) 673-2045
Visit Date 5/15/24	Time spent in facility: 1 hour	Arrival time: 10:30 x <input type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: Toni Lanni <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone
Committee Members Present: Silva Porta-Deal, Jeff Mercer, Madeline Mercer, Jim DeKornfeld		Report Completed by: Madeline Mercer
Number of Residents who received personal visits from committee members: 6 Census is 36 Adult care MC		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible: Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information clearly posted: <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. <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?	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	N/A	
8. Did residents describe their living environment as homelike?	N	
9. Did you notice unpleasant odors in commonly used areas?	Y	Many of the resident rooms had piles of clothes in and outside of plastic containers on chairs.
10. Did you see items that could cause harm or be hazardous?		
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	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?	NA	
Resident Services	N/A	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?		Noting this is an older facility; The floors appeared dirty. Residents lounge window sills were littered with bug casings and bodies. Lamps were unplugged in the lounge.
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	Vending Machines were in the main hall.
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		Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? The comments and observations were shared with Toni Lanni.	Y	Discussed items from "Areas of Concern"

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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 190 Fox Hollow Ct. Pinehurst
Visit Date: 04 / 24 / 24	Time spent in facility: hr 45 min	Arrival time: 11:30 <input 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. Owner		Interview was held: <input type="checkbox"/> in Person <input type="checkbox"/> Phone <u>NOT AVAIL</u>
Committee Members Present: Ann Wolfe, Vicki Hancock (shadowing) <u>Barbara Hainline</u>		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 (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?	Y	Facility clean
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	Few residents outside of their rooms
4. Were residents interacting with staff, other residents & visitors?	Y	Memory care was playing a game.
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?		
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?	Y	Urine smell in Hall 200
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?	N	
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?	Y	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	N	Several comments that the answering of call bells was inconsistent
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?	NA	
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		Exit Summary

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

Inconsistent call bells should be addressed again. Facility very clean.

Residents spoke highly of staff.

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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: Magnolia Gardens, 594 Murrayhill Rd., Southern Pines, NC
Visit Date: 5 / 23/ 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: Debbie Ogburn 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: Barbara Hainline, Grace Anderson		Report Completed by: Barbara Hainline
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 (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?	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?	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	Many residents grouped were together in halls, they weren't talking but just together.
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?	N	
7. If so, did you ask staff about the facility's restraint policies?		
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	N	Facility needs an update
9. Did you notice unpleasant odors in commonly used areas?	Y	Several spots in the halls with strong odors.
10. Did you see items that could cause harm or be hazardous?	Y	Plastic bags of personal items are in the hallway where bed bugs were found. In excess of 30 bags making the hallway narrow.
11. Did residents feel their living areas were too noisy?	N	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	N	
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	Several residents stated it took a long time to get call bells answered. Debbie felt that this was not true.
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?	NA	

17. Are residents asked their preferences about meal/snack choices? - Are they given a choice about where they prefer to dine?	N	Residents all dine in the dining room, several said the food was horrible. Many residents have food snacks in their rooms.
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	Administrator stated it was difficult getting volunteers to come in after covid
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? Bed bugs in one hallway. All furniture moved and residents bagged up all their clothes. Each room was to be sprayed by the interior staff. All clothes were to be taken out to be cleaned. Residents said at the time of visit they had been asked out of their rooms for 2 days. They also stated this was not the first time they had bedbugs. The administrator stated it would be a 4 week process to try to get rid of them. She also stated that all facilities have bed bugs but don't admit it. One resident that had been there 2 years and there has been a bed bug problem several times. 2 residents had bites on their arms that we spoke with. They were in day 2 of clean up and the bags had not been taken out. One resident stated they would spray with their food stuffs in the room. Bed bugs were an issue during our last visit as well.		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit
Reba in the 400 block gave us permission to use her name complained about an ongoing bathroom issue. The rooms share a bathroom. One of the occupants in the other room has a bowel problem. She will make a mess in the bathroom and refuses to clean it up. Reba had discussed with Debbie, and as of the time we were there nothing had been done. Reba will call for help to clean up and no one will do it. The staff state that it's not their job. Debbie said she was aware of the situation but thought it was resolved.		Check on bedbugs and call bell issue. Check if laminate floor has been replaced.
We witnessed a staff member say to a resident that was asking for help, "Don't harass me, I will get to it." Debbie was to investigate this.		
There has been a long standing problem with the laminate floor. At the time of our visit we were told it was to be replaced. During the last visit we were told they had the materials and would be replacing it. Hard to know if or when the floor will be replaced.		

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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 <input type="checkbox"/> Memory Care	Facility Name/Address: Quail Haven 155 Blake Blvd, Pinehurst, NC 28374
Visit Date: 040924	Time spent in facility: 55 min	Arrival time: 0955 X am pm
Name of person exit interview was held with: X Admin. SIC (Supervisor in Charge) Other Staff Rep. Owner		Interview was held: X in Person Phone (Name & Title) Crystal Hoffstetter, Executive Director
Committee Members Present: Ann Wolfe, 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 No	Ombudsman Contact Info is correct and clearly posted: X Yes No	
The most recent survey was readily accessible: X Yes No (Required for Nursing Homes Only) N/A	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	Resident said they are "kept clean, bathed, have clean clothes and have excellent food."
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/No	Residents feel well provided for, "they thought of everything" when it comes to meeting their needs (during the day). During the overnight shift, residents said that staff were often not around to assist with basic needs.
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?	Yes	Very clean
9. Did you notice unpleasant odors in commonly used areas?	Yes	Urine odor on the 400 hallway
10. Did you see items that could cause harm or be hazardous?	Yes	Chair placed near courtyard exit; 500 hallway had lots of equipment in the hallway
11. Did residents feel their living areas were too noisy?	No	
12. Does the facility accommodate smokers? Where? 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	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	No Yes	At night, multiple residents complained about lack of staffing and long response times. It was described as "dead in here" and we heard multiple stories of attempts to find staff to assist with basic needs overnight. Discussed this at length with Administrator, including resident use of a cell phone to try and get help from overnight staff. Administrator said that she would look into this immediately.
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 variety of activities throughout the week as posted on activity board in the main hallway
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 No	Weekly menu provided to each resident on paper then posted on monitors throughout the building. Provided with "always available options chart" that includes alternatives to the daily menu. In general, very positive about the food quality and selections. However, one resident consistently received seafood entrée despite having a known, documented food allergy.
18. Do residents have privacy in making and receiving phone calls?	Yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a Resident's Council? Family Council?	Yes No	Resident's Council meets monthly.
Areas of Concern		Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?		<ul style="list-style-type: none"> - Overnight staffing and responsiveness of the overnight staff to call bells. - Odors on a hall, but primarily focused on only a handful of rooms - Response to dietary restrictions. Administrator said she would follow up with the resident and head of dietary regarding the resident's seafood allergy. <p>The Administrator was concerned about the number of complaints about overnight staffing. Although there are systems in place to monitor staffing responses, she was going to investigate further to see why residents were not getting the necessary care from the overnight staff.</p>

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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 <input checked="" type="checkbox"/> Memory Care	Brookdale 17 Regional Dr Pinehurst NC 28374
Visit Date: 5/8/24	Time spent in facility: 1 hr 00 min	Arrival time: 9 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: Art Milbert <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 Mercer		Report Completed by: Madeline Mercer
Number of Residents who received personal visits from committee members: 7		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information clearly posted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Not in assisted living
Resident Profile		
<p>1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Y</p> <p>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> <input type="checkbox"/> Y</p> <p>3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Y</p> <p>4. Were residents interacting with staff, other residents & visitors? <input type="checkbox"/> Y</p> <p>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> NA</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> N</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> NA</p>		
Resident Living Accommodations		
<p>8. Did residents describe their living environment as homelike? <input type="checkbox"/> NA</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> N</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Y</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> N</p> <p>12. Does the facility accommodate smokers? <input type="checkbox"/> Y Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside Memory Care floor in diningroom had bits of White dust</p> <p>13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Y Mechanical room was unlocked</p> <p>14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> NA If no, did you share this with the administrative staff?</p>		
Resident Services		
<p>15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Y</p> <p>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Y Can residents access their monthly needs funds at their convenience?</p> <p>17. Are residents asked their preferences about meal/snack choices? <input type="checkbox"/> Y Are they given a choice about where they prefer to dine?</p> <p>18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Y</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Y</p> <p>20. Does the facility have a Resident's Council? <input type="checkbox"/> Y Family Council? Once a month on Thursday</p>		
Areas of Concern		Yes/No/NA
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Yes, Check locks, floor cleanliness		NA
Exit Summary		

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	
Visit Date: 08/24	Time spent in facility: 1 hr 10 min	Arrival time: 11 : 15 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, Vicki Hancock,		Report Completed by: Barbara Hainline	
Number of Residents who received personal visits from committee members: 9			
Resident Rights Information is clearly visible: X Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: X Yes <input type="checkbox"/> No	
The most recent survey was readily accessible: X Yes <input type="checkbox"/> No (Required for Nursing Homes Only) 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?	Y	Some residents shared that they received assistance, one indicated she needed "everything"	
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/N		
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?	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	Yes/No/NA	Comments/Other Observations	
8. Did residents describe their living environment as homelike?	N	Residents we spoke with consistently talked about going home and being released. Odor observed in every wing Hallways cluttered, 300 had carts on both sides. Residents in their wheelchairs gathered at the front of the nursing station. Loud tv's. One resident howling in distress the entire time we were in his hall. Specific times for smoking outside.	
9. Did you notice unpleasant odors in commonly used areas?	Y		
10. Did you see items that could cause harm or be hazardous?	Y		
11. Did residents feel their living areas were too noisy?	Y		
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?	N		
14. Did staff answer call bells in a timely & courteous manner? If not, did you share this with the administrative staff?	N		
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		In some instances no, especially when they are bed bound. Major issue throughout the building. During visit multiple call bells going off with no apparent action from the staff.
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?	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?	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? Use of strong sprays to cover odors. The residents we spoke with said that it is very challenging to get someone to answer the call bells. Carts on both sides of hallway 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 Their protocol for screamers: Try to comfort, the resident that was screaming didn't want a sponge bath and is difficult. He was going to the Dr in the afternoon. Misty stated it was the time of day we came due to the time of day we were there. Check in with the resident again on food, as Misty said he is getting double meals but he forgets.

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: X Family Care Home Nursing Home Adult Care Home Memory Care	Facility Name/Address: Rosemary Cottage Quail Haven 155 Blake Blvd, Pinehurst, NC 28374
Visit Date: 040924	Time spent in facility: 10 min	Arrival time: 1050 X am pm
Name of person exit interview was held with: X Admin. SIC (Supervisor in Charge) Other Staff Rep. Owner		Interview was held: X in Person Phone (Name & Title) Crystal Hoffstetter, Executive Director
Committee Members Present: Ann Wolfe, Grace Anderson		Report Completed by: Ann Wolfe
Number of Residents who received personal visits from committee members: 0		
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) N/A		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?	N/A	
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>	N/a	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N/A	
4. Were residents interacting with staff, other residents & visitors?	N/A	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	N/A	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?		
Resident Living Accommodations	Yes/No/ NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	N/A	
9. Did you notice unpleasant odors in commonly used areas?	No	The facility was extremely clean and homelike. There are communal eating and social spaces as well as the private rooms.
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	N/A	
12. Does the facility accommodate smokers? Where? 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?	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	A sole staff person is on-site at all times to provide assistance with back up as needed from the staff in Quail Haven.
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 variety of activities throughout the week as posted on activity board in the main hallway
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	There is a great deal of flexibility for the residents in terms of where and when they eat given the small number of residents in the Cottage.
18. Do residents have privacy in making and receiving phone calls?	Yes	

19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a Resident's Council? Family Council?	Yes No	Informal given the small number of residents.
Areas of Concern		Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Since all residents were in their rooms, suggest revisiting closer to lunch time to try and speak with some residents.		We were unable to visit with any actual residents as they were in their rooms behind closed doors.

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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: TerraBella, 101 Brucewood Rd., Southern Pines, NC
Visit Date: 05 / 08 / 24	Time spent in facility: 1 hr 20 min	Arrival time: 9:30 X am <input type="checkbox"/> pm
Name of person exit interview was held with: Michael Wilson <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. Owner		Interview was held: X in Person <input type="checkbox"/> Phone
Area Executive Director		
Committee Members Present: Barbara Hainline, Grace Anderson, Vicki Hancock (Shadowing)		Report Completed by: Barbara Hainline
Number of Residents who received personal visits from committee members: 7		
Resident Rights Information is clearly visible: X Yes <input type="checkbox"/> No Memory Care 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) N/A		Staffing information clearly posted: <input type="checkbox"/> Yes X No Available on request
Resident Profile	Yes/No/ NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Y	All memory care up and dressed at 10:00
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/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	In Memory Care staff was playing games and organizing snacks
6. Did you observe restraints in use?	N	
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?	Y	Facility clean and bright, Resident artwork posted on wall.
9. Did you notice unpleasant odors in commonly used areas?	N	
10. Did you see items that could cause harm or be hazardous?	N	Noted food on floor at A7, sticky floor at food collection point. Crushed brown roach bug in C Wing
11. Did residents feel their living areas were too noisy?	N	
12. Does the facility accommodate smokers?	N	
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?	Y	
14. Did staff answer call bells in a timely & courteous manner?	Y	One resident reported at times longer wait times if staff shortage and how many needed help.
If no, did you share this with the administrative staff?		
Resident Services	Yes/No/ NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	NA	Doing a Tea Party for Mother's Day for residents.
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?	NA	No complaints on food.

18. Do residents have privacy in making and receiving phone calls?	Y	No phones in rooms unless added by family. One resident had no pho available and was not able to reach call bell.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	NA	
20. Does the facility have a Resident's Council? Family Council?	Y	10 members that meet monthly.
Areas of Concern		Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?		
As we accidentally went out an exit door we were able to note fast response time on a door leading outside in Memory Care		

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Family Care Home Nursing Home X Adult Care Home Memory Care	Facility Name/Address: Coventry 105 Gossman Dr, Southern Pines, NC 28387
Visit Date: 042424	Time spent in facility: 60 min	Arrival time: 0950 X am pm
Name of person exit interview was held with: X Admin. SIC (Supervisor in Charge) Other Staff Rep. Owner		Interview was held: X in Person Phone (Name & Title) Danielle Purcell, Administrator
Committee Members Present: Ann Wolfe, Barbara Hainline, Vicky Hancock		Report Completed by: Ann Wolfe
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) N/A		Staffing information clearly posted: X Yes No 1:7 in MC, 1:10-12 in AL.
Resident Profile	Yes/No/ NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Residents seem happy and were active throughout the facility. "It's A+" according to one resident.
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	NA	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
4. Were residents interacting with staff, other residents & visitors?	Yes	All staff were interacting with resident from nursing to CNAs to housekeeping staff. One of the housekeepers led a resident walking the hall to where a social activity was going on.
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?	Yes	Yes. There are many homelike touches throughout the facility including a portrait wall, fresh flowers and comfortable furnishings.
9. Did you notice unpleasant odors in commonly used areas?	Yes	In the MC Unit, on the 150 hall. It appeared to be isolated to a single room as the rest of the unit was very clean with no odors.
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? 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?	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	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	Really dynamic activities director on the AL side and a dedicated special activities person the MC unit. Both sections had well publicized calendars of events that included a wide variety of activities and religious programs. There were posted activities every day of the week.

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
18. Do residents have privacy in making and receiving phone calls?	Yes
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes
20. Does the facility have a Resident's Council? Family Council?	Yes
Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? There were no concerns. We informed the administrator that the daily events posting had not yet been updated, but that was it.	There were plenty of staff assisting with residents, interacting with residents or cleaning. The facility was very clean and looked great. The new administrator is focusing on making this as close to homelike as possible, which residents seem to appreciate. Extra care is taken in the MC Unit to ensure engagement, but resident safety.

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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 MC	Facility Name/Address: The Greens of Pinehurst, 205 Rattlesnake Trail, Pinehurst, NC 28374 910-295-1781	
Visit Date 5-8-24	Time spent in facility: 1 HOUR	Arrival time: 10 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	Interview was held: <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Phone
Name of person exit interview was held with: Rick Vanderhoof Admin. <input type="checkbox"/> SIC (Supervisor in Charge) Other Staff Rep		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 84 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 X No In office	
Resident Profile	Yes/No/NA	Comments/Other Observations	
1. Do the residents appear neat, clean and odor free?	Y		
2. Did residents say they receive assistance with personal care activities? 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?	Y		
4. Were residents interacting with staff, other residents & visitors?	Y		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	N/A		
6. Did you observe restraints in use?	N		
7. If so, did you ask staff about the facility's restraint policies?	N		
Resident Living Accommodations			
8. Did residents describe their living environment as homelike?	N	Urine smell in Hall 100/200	
9. Did you notice unpleasant odors in commonly used areas?	Y		
10. Did you see items that could cause harm or be hazardous?	Y	Halls were cluttered. Maintenance room unlocked where boxes could fall	
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	Call bell was answered in timely manner	
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? Y Family Council? N VET COUNCIL Y	Y		
Areas of Concern	Exit Summary		
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Clutter, odors	y	Discuss items from "Areas of Concern"	