

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: X Adult Care Home	Facility Name/Address: Fox Hollow, 190 Fox Hollow Rd, Pinehurst, NC 28374
Visit Date: 8/14/2024	Time spent in facility: 0 hr 45 min	Arrival time: 11:30 a.m.
Name of person exit interview was held with: Nydia Brooks, Executive Director (21 yrs, since 2003) Interview was held in person.		
Committee Members Present: Vicki Hancock, Grace Anderson		Report Completed by: Vicki Hancock
Number of Residents who received personal visits from committee members: 3		
Resident Rights Information is clearly visible: Yes	Ombudsman Contact Info is correct and clearly posted: Yes	
The most recent survey was readily accessible: NA (Required for Nursing Homes Only)	Staffing information clearly posted: by request	
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Y	When we arrived, many residents were gathered outside the dining room with staff waiting to enter for lunch service.
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Y	
4. Were residents interacting with staff, other residents & visitors?	Y	We observed several residents in the hallways without staff, one resident socializing at the entrance with a visitor, and several residents on the second floor interacting with each other and staff.
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?	NA	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	NA	Evacuation signs were easy to read and marked not only with exit locations, but color-coded locations for fire extinguishers.
9. Did you notice unpleasant odors in commonly used areas?	N	
10. Did you see items that could cause harm or be hazardous?	N	Sticky elevator floors, several carts crowded together near desk on second floor
11. Did residents feel their living areas were too noisy?	N	
12. Does the facility accommodate smokers? Where? Outside only	Y	There were two residents smoking immediately outside the entrance to the facility when we arrived.
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/N Y	One resident said response to call bells is not consistently prompt.
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	Very comprehensive activities calendar with many choices available 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?	Y Y	
18. Do residents have privacy in making and receiving phone calls?	Y	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Y	

20. Does the facility have a Resident's Council? Family Council?	Y 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? - Nydia explained that the smoking residents are aware of the permitted smoking area at the back of the facility and that it is a continuing challenge to move them from the front to the back. - Sticky elevator floors will be scrubbed. Nydia mentioned that both elevators are scheduled to be replaced in the next year or so, one at a time to accommodate residents on the second floor. - Carts on second floor included cleaning cart and medicine cart. No residents were visible moving around in the area at the time.	Yes/No/NA Y	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: X Adult Care & Memory Care Home	Facility Name/Address: Terra Bella, 101 Brucewood Rd, Southern Pines, NC 28387	
Visit Date: 07/24/2024	Time spent in facility: 1 hr	Arrival time: 11:40 am	
Name of person exit interview was held with: Interview was held: X in Person X Admin. (Name & Title) Evan Kaplan, Executive Director			
Committee Members Present: Vicki Hancock, Grace Anderson, Barbara Hainline		Report Completed by: Vicki Hancock	
Number of Residents who received personal visits from committee members: 5			
Resident Rights Information is clearly visible X Yes The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) NA		Ombudsman Contact Info is correct and clearly posted: X Yes Staffing information clearly posted: <input type="checkbox"/> Yes <input type="checkbox"/> No NA	
Resident Profile		Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?		Y	A large group of residents was gathered in the lobby awaiting a lunch trip to the local Cracker Barrel.
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	Staff were present, assisting residents individually, and very pleasant when interacting with CAC volunteers and residents.
3. Did you see or hear residents being encouraged to participate in their care by staff members?		Y	Only one resident we spoke with was not happy with the food. She eats breakfast and uses an in-room refrigerator to store food for her other meals. All other residents we spoke with were satisfied with the food.
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?		Y	Activities room was set up for a bingo game: organized, bright light, neat and clean.
6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies?		N NA	In memory care, residents were receiving attention from individual staff members.
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		NA N N NA N	Halls and common areas smelled pleasant. Non-smoking facility
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?		Y Y NA	Call buttons worn around the neck
Resident Services		Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? 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	Many activities on calendar
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?		Y Y Y Y	Residents choose whether to eat in the dining area or in their rooms Chaplain 2x/month

20. Does the facility have a Resident's Council? Family Council?	Y 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? During our visit, one common-area restroom was out of order, and another needed to be thoroughly cleaned before it would be useable again. Executive Director assured us that he would handle it quickly.	Yes/No/NA Y	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit Executive Director is a new administrator as of July 2024 with over 30 years in elder care and coming to NC from New York. Evacuation signage was large, clear, and readable.

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home	Facility Name/Address: St Joseph's Health Center 103 Gossman Dr, Pinehurst, N.C, 2837
Visit Date: 08 / 20 / 24	Time spent in facility:	Arrival time: am <input type="checkbox"/> pm
Name of person exit interview was held with: Interview was held: in Person <input type="checkbox"/> Phone x Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title)		
Committee Members Present Vicki Hancock, Grace Anderson , Sandy Nusbaum		Report Completed by: Grace Anderson

Number of Residents who received personal visits from committee members 8

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

The most recent survey was readily accessible: Yes No
(Required for Nursing Homes Only) Staffing information clearly posted: 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? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>		There was Covid in the building so we did not go in. This was the 3 rd attempt to complete a visit.
3. Did you see or hear residents being encouraged to participate in their care by staff members?		
4. Were residents interacting with staff, other residents & visitors?		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?		
6. Did you observe restraints in use?		
7. If so, did you ask staff about the facility's restraint policies?		
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?		
9. Did you notice unpleasant odors in commonly used areas?		
10. Did you see items that could cause harm or be hazardous?		
11. Did residents feel their living areas were too noisy?		
12. Does the facility accommodate smokers? Where? X Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside		
13. Were residents able to reach their call bells with ease?		
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?		
Resident Services	Yes/No/NA	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?		
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?		
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?		
18. Do residents have privacy in making and receiving phone calls?		
19. Is there evidence of community involvement from other civic, volunteer or religious groups?		
20. Does the facility have a Resident's Council? Family Council?		
Areas of Concern	Yes/No/NA	Exit Summary

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

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Family Care Home Nursing Home <input checked="" type="checkbox"/> Adult Care Home Rehab	Facility Name/Address: The Coventry . 105 Gossman Rd., Southern Pines, N.C. 28387
Visit Date: 007/10/24	Time spent in facility 1 hr 15 min	Arrival time 9:45 x am

Name of person exit interview was held with: Interview was held: in Person Admin. SIC (Supervisor in Charge) Other Staff Rep. . Director Danielle Purcell

Committee Members Present: Barbara Hainline, Grace Anderson, Vicki Hancock

Report Completed by: Grace Anderson

Number of Residents who received personal visits from committee members 4

Resident Rights Information is clearly visible: yes	Ombudsman Contact Info is correct and clearly posted: Yes
The most recent survey was readily accessible: <i>(Required for Nursing Homes Only)</i> N/A	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/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	
9. Did you notice unpleasant odors in commonly used areas?	y	
10. Did you see items that could cause harm or be hazardous?	n	
11. Did residents feel their living areas were too noisy?	n/a	
12. Does the facility accommodate smokers?	n	
Where? <input checked="" type="checkbox"/> Outside only <input checked="" type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	N	
13. Were residents able to reach their call bells with ease?	Y	Residents wear alert buttons. Staff use pagers.

14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?		
Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	y	A variety of activities were on the calendar
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	There is a diverse menu with numerous options. There is also a separate menu that is available all the time.
18. Do residents have privacy in making and receiving phone calls?	y	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	y	
20. Does the facility have a Resident's Council? Family Council?	y	
Areas of Concern	Yes/No/NA	Exit Summary
<p>The elevator has been out of service since 6/21/24. Repair was estimated at 4/6 weeks. Residents and staff (from second floor) were moved to the first floor while waiting for elevator to be repaired. They hope the repair will be completed by the end of July.</p> <p>Several evacuation signs are somewhat faded and small. They do have a few larger signs. It would help if the smaller ones were replaced with the larger size.</p>		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Danielle seems very receptive to changes that might be helpful. Her attitude is very positive and refreshing.

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home	Facility Name/Address: Magnolia Gardens 594 Murray Hill Rd Southern Pines, NC
Visit Date: 07 / 24 / 24	Time spent in facility: 1 Hr 25 min	Arrival time: 9:35 x am <input type="checkbox"/> 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) <input type="checkbox"/> Other Staff Rep.		Debbie Ogburn (Name & Title)
Committee Members Present Vicki Hancock, Grace Anderson, Barbara Hainline		Report Completed by: Grace Anderson

Number of Residents who received personal visits from committee members 8

Resident Rights Information is clearly visible: x Yes <input type="checkbox"/> No	Ombudsman Contact Info is correct and clearly posted :x Yes <input type="checkbox"/> No
The most recent survey was readily accessible: <input type="checkbox"/> Yes <input checked="" 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?	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?	Y	Exercise class was being held.
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?	Nn	
9. Did you notice unpleasant odors in commonly used areas?	Y	Strong odor of urine in the 500 hall (memory care) Strong odor in the 400 hall
10. Did you see items that could cause harm or be hazardous?	N	
11. Did residents feel their living areas were too noisy?	N/A	
12. Does the facility accommodate smokers? Where? X Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Y	In Memory care there are specific times for smokers to use the outside area.
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/N	One resident stated it took a long time for staff to answer call bell.

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?	N	The menu is posted in the dining room . Debbie said there is always an option of soup and a sandwich. Residents stated food was not good but getting better.
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?	Y	
Areas of Concern	Yes/No/NA	Exit Summary
The bathroom issue with one resident appears to be on going. Reba stated a resident that shared the bathroom still had bowel issues. When she asked a med tech to have the bathroom cleaned nothing was done. Debbie stated she knew this happened one time but did not know that it continued and the resident had not advised her.		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit It appears the bedbug issues has been resolved. Appears flooring will be an ongoing issue.
There was one room in memory care that had the heat on, in July, and the heat had the hallway extremely warm.		
There was food on the floor in the bistro.		
Hallway flooring still not replaced. Debbie said they are trying to ,maybe ,get a different type of flooring. Several rooms were having the same laminate flooring installed. The floors in general need to really be cleaned.		

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Family Care Home <input checked="" type="checkbox"/> Nursing Home Adult Care Home	Facility Name/Address: Pinehurst Health and Rehab 300 Blake Blvd. Pinehurst, NC
Visit Date: 08 / 13 / 24	Time spent in facility: 1 Hr 15 min	Arrival time: 10:00 x am pm
Name of person exit interview was held with: Interview was held: x in Person x Admin. SIC (Supervisor in Charge) Other Staff Rep. Misty Linder Admin		Phone
Committee Members Present Vicki Hancock, 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 <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 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?	n	Many residents still in bed and not dressed.
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	Not always timely
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	Odor in the 300 hall
10. Did you see items that could cause harm or be hazardous?	N	
11. Did residents feel their living areas were too noisy?	N/A	
12. Does the facility accommodate smokers? Where? X Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Y	
13. Were residents able to reach their call bells with ease?	y/n	One resident was unable to reach her call bell.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Y/N	One resident stated it took a long time for staff to answer call bell. We did not hear any going off while there.
Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	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	There is always an alternate at lunch and dinner. They can dine in room or in dining room
18. Do residents have privacy in making and receiving phone calls?	Y	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	y	

20. Does the facility have a Resident's Council? Family Council?	Y	
Areas of Concern A resident and a rehab patient stated the staff could be hit and miss. Some had an attitude that was not pleasant. I felt it was late in the day for so many residents not to be up and dressed. One person stated food was cold.	Yes/No/NA	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit The floors had been really cleaned and were bright and shiny. This appeared to make the whole facility appear brighter. Misty indicated the attitude might be because she had to move staff from a nursing wing to the rehab wing.

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Nursing Home	Greens of Pinehurst 205 Rattlesnake Trail Pinehurst, NC	
Visit Date: 8/7/2024	Time spent in facility: 1 hr	Arrival time: 10 am	
Name of person exit interview was held with: <u>Larry Staples</u> Admin. <u>Howard Staples</u>		Interview was held: In Person	
Committee Members Present: Susanne LaFollette-Black and Jim DeKornfeld		Report Completed by: Jim DeKornfeld	
Number of Residents who received personal visits from committee members: 8			
Resident Rights Information is clearly visible: Yes	Ombudsman Contact Info is correct and clearly posted: Yes		
The most recent survey was readily accessible: Yes (Required for Nursing Homes Only)	Staffing information clearly posted: Yes		
Resident Profile 1. Do the residents appear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents interacting with staff, other residents & visitors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies?		Yes/No/NA	Comments/Other Observations
		Yes	
		N/A	
		Yes	
		Yes	
		Yes	
		No	
		n/a	
Resident Living Accommodations 8. Did residents describe their living environment as homelike? 9. Did you notice unpleasant odors in commonly used areas? 10. Did you see items that could cause harm or be hazardous? 11. Did residents feel their living areas were too noisy? 12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside 13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?		Yes/No/NA	Comments/Other Observations
		n/a	
		No	
		Yes	There was a condensation leak from a ceiling air vent dripping water in one of the hallways.
		No	
		Yes	
		Yes	
		N/A	
Resident Services 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? 18. Do residents have privacy in making and receiving phone calls? 19. Is there evidence of community involvement from other civic, volunteer or religious groups? 20. Does the facility have a Resident's Council? Family Council?		Yes/No/NA	Comments/Other Observations
		Yes	
		N/A	
		Yes	
		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? The facility seemed very well run and staffed. The Administrator, (Larry Staples) has only been here a short while, but the staff and residents both seemed very happy to be there and the environment was very pleasant.		Yes/No/NA	Exit Summary
			Discuss items from "Areas of Concern" Section as well as any changes observed during the visit
			No issues to discuss
120 total beds 89 occupied beds in total, of which 20 were in Rehab			

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Adult Care Home	Facility Name/Address: Brookdale – Pinehurst 17 Regional Dr. Pinehurst, NC 28734																								
8/11/2024	Time spent in facility: 1 hr min	Arrival time: 9:30 am																								
Toni Lanni – Executive Director																										
Committee Members Present: Suzanne LaFollette-Black, Sandy Nusbaum, Jim DeKornfeld		Report completed by Jim DeKornfeld																								
Number of Residents who received personal visits from committee members: 7																										
Resident Rights Information is clearly visible: Yes (Required for Nursing Homes Only)	Ombudsman Contact Info is correct and clearly posted: Yes Staffing information clearly posted: Yes																									
<table border="1"> <thead> <tr> <th>Resident Profile</th> <th>Yes/No/NA</th> <th>Comments/Other Observations</th> </tr> </thead> <tbody> <tr> <td>1. Do the residents appear neat, clean and odor free?</td> <td>yes</td> <td></td> </tr> <tr> <td>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></td> <td>yes</td> <td></td> </tr> <tr> <td>3. Did you see or hear residents being encouraged to participate in their care by staff members?</td> <td>yes</td> <td></td> </tr> <tr> <td>4. Were residents interacting with staff, other residents & visitors?</td> <td>Yes</td> <td></td> </tr> <tr> <td>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?</td> <td>n/a</td> <td></td> </tr> <tr> <td>6. Did you observe restraints in use?</td> <td>No</td> <td></td> </tr> <tr> <td>7. If so, did you ask staff about the facility's restraint policies?</td> <td>n/a</td> <td></td> </tr> </tbody> </table>			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?	n/a		6. Did you observe restraints in use?	No		7. If so, did you ask staff about the facility's restraint policies?	n/a	
Resident 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?	n/a																									
6. Did you observe restraints in use?	No																									
7. If so, did you ask staff about the facility's restraint policies?	n/a																									
<table border="1"> <thead> <tr> <th>Resident Living Accommodations</th> <th>Yes/No/NA</th> <th>Comments/Other Observations</th> </tr> </thead> <tbody> <tr> <td>8. Did residents describe their living environment as homelike?</td> <td>Yes</td> <td></td> </tr> <tr> <td>9. Did you notice unpleasant odors in commonly used areas?</td> <td>No</td> <td></td> </tr> <tr> <td>10. Did you see items that could cause harm or be hazardous?</td> <td>Yes</td> <td>There were a fair amount of boxes, and other things on hallway floors, as well as, cleaning equipment (brooms/dustpans) in the game and exercise rooms.</td> </tr> <tr> <td>11. Did residents feel their living areas were too noisy?</td> <td>n/a</td> <td></td> </tr> <tr> <td>12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only</td> <td>Yes</td> <td>There are accommodations for 42 residents. The census is presently 30, of which 9 were in the Memory Care unit.</td> </tr> <tr> <td>13. Were residents able to reach their call bells with ease?</td> <td>Yes</td> <td></td> </tr> <tr> <td>14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?</td> <td>n/a</td> <td></td> </tr> </tbody> </table>			Resident Living Accommodations	Yes/No/NA	Comments/Other Observations	8. Did residents describe their living environment as homelike?	Yes		9. Did you notice unpleasant odors in commonly used areas?	No		10. Did you see items that could cause harm or be hazardous?	Yes	There were a fair amount of boxes, and other things on hallway floors, as well as, cleaning equipment (brooms/dustpans) in the game and exercise rooms.	11. Did residents feel their living areas were too noisy?	n/a		12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only	Yes	There are accommodations for 42 residents. The census is presently 30, of which 9 were in the Memory Care unit.	13. Were residents able to reach their call bells with ease?	Yes		14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	n/a	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations																								
8. Did residents describe their living environment as homelike?	Yes																									
9. Did you notice unpleasant odors in commonly used areas?	No																									
10. Did you see items that could cause harm or be hazardous?	Yes	There were a fair amount of boxes, and other things on hallway floors, as well as, cleaning equipment (brooms/dustpans) in the game and exercise rooms.																								
11. Did residents feel their living areas were too noisy?	n/a																									
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only	Yes	There are accommodations for 42 residents. The census is presently 30, of which 9 were in the Memory Care unit.																								
13. Were residents able to reach their call bells with ease?	Yes																									
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	n/a																									
<table border="1"> <thead> <tr> <th>Resident Services</th> <th>Yes/No/NA</th> <th>Comments/Other Observations</th> </tr> </thead> <tbody> <tr> <td>15. Were residents asked their preferences or opinions about the activities planned for them at the facility?</td> <td>Yes</td> <td></td> </tr> <tr> <td>16. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?</td> <td>yes yes</td> <td>Several residents were very complimentary about the food.</td> </tr> <tr> <td>17. Do residents have privacy in making and receiving phone calls?</td> <td>n/a</td> <td></td> </tr> <tr> <td>18. Is there evidence of community involvement from other civic, volunteer or religious groups?</td> <td>Yes</td> <td></td> </tr> <tr> <td>19. Does the facility have a Resident's Council? Family Council?</td> <td>Yes</td> <td></td> </tr> </tbody> </table>			Resident Services	Yes/No/NA	Comments/Other Observations	15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes		16. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	yes yes	Several residents were very complimentary about the food.	17. Do residents have privacy in making and receiving phone calls?	n/a		18. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes		19. Does the facility have a Resident's Council? Family Council?	Yes							
Resident Services	Yes/No/NA	Comments/Other Observations																								
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes																									
16. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	yes yes	Several residents were very complimentary about the food.																								
17. Do residents have privacy in making and receiving phone calls?	n/a																									
18. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes																									
19. Does the facility have a Resident's Council? Family Council?	Yes																									
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?		Yes/No/NA																								
Not really anything noteworthy. The floor in the memory care area and dining room were sticky, but they are due to be replaced in the near future		Exit Summary																								
Discuss items from "Areas of Concern" Section as well as any changes observed during the visit																										

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Nursing Home	Facility Name/Address: Peak – Carthage 801 Pinehurst Ave Carthage, NC 28327
Visit Date: 7/12/2024	Time spent in facility: 1 hr	Arrival time: 10:45 am
Name of person exit interview was held with: Thad Morgan Admin.		Interview was held: In Person
Committee Members Present: Jeff Mercer Madeline Mercer Suzanne LaFollette-Black Jim DeKornfeld		Report completed by Jim DeKornfeld
Number of Residents Visited: 13		
Resident Rights Information is clearly visible: Yes	Ombudsman Contact Info is correct and clearly posted: Yes	
The most recent survey was readily accessible: Yes <i>(Required for Nursing Homes Only)</i>	Staffing information clearly posted: Yes	
Resident Profile 1. Do the residents appear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents interacting with staff, other residents & visitors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies?		
Yes Yes Yes Yes n/a No n/a		
Comments/Other Observations		
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? Outside only</i> 13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? <i>If no, did you share this with the administrative staff?</i>		
Yes/No/NA Yes no No n/a Yes Yes n/a		
Comments/Other Observations <i>Amazing for double rooms</i>		
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? <i>Can residents access their monthly needs funds at their convenience?</i> 17. Are residents asked their preferences about meal/snack choices? <i>Are they given a choice about where they prefer to dine?</i> 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? <i>Family Council?</i>		
Yes/No/NA Yes Yes Yes Yes Yes Yes Yes		
Comments/Other Observations		
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit? No, This was my first visit to the Peak and I was very impressed.		
Yes/No/NA Yes Yes		
Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit		

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: X Assisted Living/Memory Care Family Care Home X Rehab & Nursing Home <input type="checkbox"/> Adult Care Home X MC	Facility Name/Address: Dahlia Gardens Center for Nursing and Rehabilitation , 915 Pee Dee Road, Aberdeen, NC 28315 910.944.8999	
Visit Date 7/16/24	Time spent in facility: 1 hour	Arrival time: 9:55 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 Lauren Fink		Interview was held: Xin Person <input type="checkbox"/> Phone	
Committee Members Present: Jeff Mercer, Suzanne LaFollettBlack, Jim DeKornfeld, Madeline Mercer		Report Completed by: Madeline Mercer	
Number of Residents who received personal visits from committee members: 13		Census 84	
Resident Rights Information is clearly visible: x Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: x Yes <input type="checkbox"/> No	
The most recent survey was readily accessible: x Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information clearly posted: x <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 y y y n n	
Resident Living Accommodations		n/a n y n y y y	Cluttered halls Medical cart unattended and unlocked
8. Did residents describe their living environment as homelike? 9. Did you notice unpleasant odors in commonly used areas? 10. Did you see items that could cause harm or be hazardous? 11. Did residents feel their living areas were too noisy? 12. Does the facility accommodate smokers? Where? X Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside 13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?			
Resident Services		y y y y y y y	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? 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? Y Family Council? Y Feb. organizing meeting			
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? medicine cart unlocked and unattended, Resident hallways cluttered with equipment			Discuss items from "Areas of Concern"

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Nursing Home & Rehab Center	Facility Name/Address: Quail Haven (Liberty Health Care), 155 Blake Blvd, Pinehurst, NC 28374
Visit Date: 08/20/2024	Time spent in facility: 1 hr 20 min	Arrival time: 10:10 a.m.
Name of person exit interview was held with: Crystal Hofstetter, RN, Executive Director		Interview was held: in Person
Committee Members Present: Sandra Nusbaum, Grace Anderson, Vicki Hancock		Report Completed by: Vicki Hancock
Number of Residents who received personal visits from committee members: 8		
Resident Rights Information is clearly visible: Yes The most recent survey was readily accessible: Yes (Required for Nursing Homes Only)		Ombudsman Contact Info is correct and clearly posted: Yes Staffing information clearly posted: Yes
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Y	Many residents, both permanent and rehab, were in their rooms sleeping or watching TV.
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?	NA	
4. Were residents interacting with staff, other residents & visitors?	Y	A number of residents (5) were dressed and in a common area participating in a trivia-related activity.
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?	NA	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	N	Hallways are identified with street names ("Loblolly," "Sugar Pine," etc. making it easier to navigate the building).
9. Did you notice unpleasant odors in commonly used areas?	Y	Hallway floors were very clean. 300- and 500-hallways: some urine odor present. Halls were free of clutter.
10. Did you see items that could cause harm or be hazardous?	N	Emergency evacuation signs, though a bit small to read, were clear and well-marked.
11. Did residents feel their living areas were too noisy?	N	Residents watching TV generally had volume UP, though no one said any sound was loud.
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	NA	
13. Were residents able to reach their call bells with ease?	Y	Mixed responses from residents on call bells: several residents observed that their call bells were answered promptly, and several residents said answering call bells is a particular problem on the third shift. One resident tearfully reported that the staff person who visited her on third shift was mean to her, demeaning in tone, and that she cringed every time that person entered her room. (300- hallway).

14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Y/N	While we visited, one resident had pressed her call bell, told us she had waited a while for a response, and was still waiting. A CAC team member notified staff, a med tech on a tight schedule, who replied that she would respond "when I can get to it"; however, she followed the CAC team member to the resident's room to respond immediately. All issues discussed with Executive Director.
Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	NA	Activities calendar in two locations, one very large, attractive, and readable.
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?	Y Y	Menus, with alternative choices, were displayed on a large screen in a common area. One resident who doesn't walk said she doesn't see a menu regularly in her room. Another resident, a diabetic, observed that he was receiving foods unhelpful for his condition (500- hallway). Most residents with whom we spoke said the food was fine. One resident reported that it was bland. The husband of another resident reported that food was oversalted.
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 Y	Residents' Rights, Ombudsman contact info, staffing info, and recent surveys were easy to find and clearly marked.
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? - Third-shift call bell responses (slow or non-existent) and behavior of at least one staff person are big concerns. - Urine smells: staff were in the process of cleaning rooms when we noticed these. - Mixed reviews of food quality: daily menus with many alternatives. Need to get menus more promptly to residents who are confined to their rooms.	Y	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit

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