

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: X Nursing Home & Rehabilitation Center	Facility Name/Address: Pinehurst Rehabilitation Center, 300 Blake Blvd, Pinehurst, NC 28374
Visit Date: 11/12/2024	Time spent in facility: 1 hr	Arrival time: 10:00 am
Name of person exit interview was held with: Mysti Linder, Licensed Nursing Home Admin. X: Admin. (Name & Title)		Interview was held: X: in Person
Committee Members Present: Grace Anderson, Rachel Brower, Vicki Hancock		Report Completed by: Vicki Hancock

Number of Residents who received personal visits from committee members: 5	
Resident Rights Information is clearly visible: Yes	Ombudsman Contact Info is correct and clearly posted: Yes
The most recent survey was readily accessible: Yes <i>(Required for Nursing Homes Only)</i>	Staffing information clearly posted: No (by request)

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	N	Current census = 102
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	Maximum census = 116 Licensed for up to 144
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?	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	
9. Did you notice unpleasant odors in commonly used areas?	Y	- Both urine and fecal odors were present in multiple hallways.
10. Did you see items that could cause harm or be hazardous?	N	- Liquid on floor outside nurses' station, red in color (blood? Juice? Something else?)
11. Did residents feel their living areas were too noisy?	NA	- While we didn't speak to residents about noise, we heard very loud television and radio noise in resident rooms.
12. Does the facility accommodate smokers? Where? Outside only	Y	- Outside, only at specific times.
13. Were residents able to reach their call bells with ease?	N	We observed multiple call bells that were out of residents' reach (e.g., on floors, behind beds, on bedside stands far from resident).
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes & No Yes	

Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	NA	Per residents, some food is very good, some "horrible."
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?	NA Y	Multiple residents keep personal snack items handy, selecting those when meal choices do not appeal to them.
18. Do residents have privacy in making and receiving phone calls?	Y	

19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Y	
20. Does the facility have a Resident's Council? Family Council?	Y NA	
Areas of Concern 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">- Strong urine and fecal odors- Inconsistent appeal of food choices ("mystery meat," lots of hot dogs and brats, not much seafood)- Inaccessible call bells (our observation, not resident complaints)- Unidentified liquid on floor outside nurses' station	Yes/No/NA	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Per Mysti: <ul style="list-style-type: none">- Fecal odors were due to two patients currently diagnosed with C-diff- Urine odors: will check these- Food: even minor changes get strong reactions from residents (e.g., change from liquid eggs to eggs in shells caused comments; adding cinnamon & vanilla to oatmeal). Any change must be approved with qualified dietitian to comply with nursing home requirements.- Call bells: staff check residents' rooms routinely and adjust location of call bells for access. Residents do not generally complain about access to their call bells.- Liquid on floor: we are invited to call such observations to the attention of staff for cleanup.
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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input checked="" type="checkbox"/> Nursing Home	Facility Name/Address: Dahlia Gardens 915 Pee Dee Rd Aberdeen, NC	
		Memory Care Census 29 out of 30 General population 59 out of 70	
Visit Date: 10/16/24	Time spent in facility: 1 hr	Arrival time: 10 <input type="text"/> am	
Name of person exit interview was held with: Interview was held: <input type="checkbox"/> in Person Lauren Fink Admin.			
Committee Members Present: Barbara Hainwright 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: <input type="checkbox"/> Yes The most recent survey was readily accessible: <input type="checkbox"/> Yes <i>(Required for Nursing Homes Only)</i>		Ombudsman Contact Info is correct and clearly posted: <input type="checkbox"/> Yes Staffing information clearly posted: <input type="checkbox"/> Yes	
Resident Profile		Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents interacting with staff, other residents & visitors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies?		yes yes yes yes n/a no n/a	
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? <i>Where? <input type="checkbox"/> 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>		n/a no no no yes yes n/a	
Resident Services		Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <i>Can residents access their monthly needs funds at their convenience?</i>		yes yes n/a	
17. Are residents asked their preferences about meal/snack choices? <i>Are they given a choice about where they prefer to dine?</i> 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 yes n/a yes yes	Many prefer to eat in their rooms. The dining room does not have much activity anymore.

Areas of Concern	Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit
Not really. Ms. Fink seems to be doing a very good job with this facility		n/a

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home Memory Care	Facility Name/Address: Pennick Village 500 E. Rhode Island Ave Southern Pines, NC 28387	
Memory Care Census 9 out of 10 beds Assisted Living 26 our of 29 beds			
Visit Date: 11/13 24/	Time spent in facility: 1 hr 20 min	Arrival time: 11:45 am	
Name of person exit interview was held with: Milisa Conte Director of Nursing		Interview was held: In Person	
Committee Members Present: Jim DeKomfeld and Pat Smith		Report Completed by: Jim DeKomfeld	
Number of Residents who received personal visits from committee members: 5			
Resident Rights Information is clearly visible: Yes <i>(Required for Nursing Homes Only)</i>	Ombudsman Contact Info is correct and clearly posted: Yes Staffing information clearly posted: Yes		
Resident Profile		Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents interacting with staff, other residents & visitors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies?		<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> N/A	
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? 13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? <i>If no, did you share this with the administrative staff?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Outside only
Resident Services		Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <i>Can residents access their monthly needs funds at their convenience?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> Yes	
17. Are residents asked their preferences about meal/snack choices? <i>Are they given a choice about where they prefer to dine?</i>		<input type="checkbox"/> Yes	
18. Do residents have privacy in making and receiving phone calls?		<input type="checkbox"/> N/A	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?		<input type="checkbox"/> Yes	

20. Does the facility have a Resident's Council? Family Council?	Yes Yes/No/NA	Exit Summary
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit? As per usual Pennick seems to be a well run, very good facility. They are still renovating their 1 st floor which should help with increasing timely response to care as all administrative offices will be on one end of the hallway minimizing the distance staff will have to travel to provide care		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Adult Care Home 30 Residents out of 41 Beds	Brookdale Pinehurst 17 Regional Dr Pinehurst, NC 28374
Visit Date: 11/13/24	Time spent in facility: 45 min	Arrival time: 10:00 am
Name of person exit interview was held with: Michael McRay Building Supervisor		Interview was held in Person
Committee Members Present: Jim DeKornfeld Pat Smith		Report Completed by: Jim DeKornfeld
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: N/A <i>(Required for Nursing Homes Only)</i>	Staffing information clearly posted: Yes	
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	Yes	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
4. Were residents interacting with staff, other residents & visitors?	Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	N/A	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	N/A	
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	Possibly	There were several unlocked doors. One was the Electrical Room
11. Did residents feel their living areas were too noisy?	No	The dining room was pretty noisy, but I guess it's not a problem.
12. Does the facility accommodate smokers?	Yes	Outside Only
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner? <i>If no, did you share this with the administrative staff?</i>	N/A	
Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <i>Can residents access their monthly needs funds at their convenience?</i>	Yes	
17. Are residents asked their preferences about meal/snack choices? <i>Are they given a choice about where they prefer to dine?</i>	Yes	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a Resident's Council? <i>Family Council?</i>	Yes	

Resident's Council?	Yes Yes/No/NA	Exit Summary	summary s from "Areas of Concern" ell as any changes observed sit
s that need follow-up or review at a later		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit	
e a well run, very good facility. They are still ould help with increasing timely response to will be on one end of the hallway minimizing el to provide care			(1/21/2020)

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Assisted Living Memory Care	Facility Name/Address: Seven Lakes Assisted Living and Memory Care 292 MacDougall Dr West End, NC 27376	
Visit Date: 11/21/24	Time spent in facility: 1 hr 15 min	Arrival time: 10:00 am	
Name of person exit interview was held with: Shaneschia Dawkins – Executive Director		Interview was held: In Person	
Committee Members Present: Jim DeKornfeld Pat Smith		Report Completed by: Jim DeKornfeld	
Number of Residents who received personal visits from committee members: 7			
Resident Rights Information is clearly visible: Yes	Ombudsman Contact Info is correct and clearly posted: Yes		
The most recent survey was readily accessible: N/A <i>(Required for Nursing Homes Only)</i>	Staffing information clearly posted: Yes		
Resident Profile <ul style="list-style-type: none"> 1. Do the residents appear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents interacting with staff, other residents & visitors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies? 		Yes/No/NA	Comments/Other Observations
Resident Living Accommodations <ul style="list-style-type: none"> 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? 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	Comments/Other Observations
Resident Services <ul style="list-style-type: none"> 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? 		Yes/No/NA	Comments/Other Observations
		Sort of. The menu was very basic.	The alternate menu option was PB&J
		N/A	
		Yes	

20. Does the facility have a Resident's Council? Family Council?	Yes	The census in Memory was 19 out of 23 beds. In Assisted Living the census was 19 our of 32 beds.
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Overall nothing really stands out. The housekeeping could be better, although there were no safety issues seen.	Yes/No/NA	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit

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Community Advisory Committee Quarterly/Annual Visitation Report

County:k- Moore	Facility Type: Rehab Adult Care Home	The Greens at Pinehurst 205 Rattlesnake Trail Pinehurst, NC 28374	
Visit Date: 11 21 24/	Time spent in facility: 1 hr 05 min	Arrival time: 11:30 am	
Name of person exit interview was held with: Howard Staples Administrator		Interview was held: By Phone	
Committee Members Present: Jim DeKomfeld and Pat Smith		Report Completed by: Jim DeKomfeld	
Number of Residents who received personal visits from committee members: 5			
Resident Rights Information is clearly visible: Yes <i>(Required for Nursing Homes Only)</i>	Ombudsman Contact Info is correct and clearly posted: Yes Staffing information clearly posted: Yes		
Resident Profile <ul style="list-style-type: none"> 1. Do the residents appear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents interacting with staff, other residents & visitors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies? 		Yes/No/NA	Comments/Other Observations
Resident Living Accommodations <ul style="list-style-type: none"> 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
Resident Services <ul style="list-style-type: none"> 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? 		Yes/No/NA	Comments/Other Observations

20. Does the facility have a Resident's Council? Family Council?	Yes	
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit? The only potential issue was the long wait for the one resident's call bell. The residents were uniformly positive with their impression of the facility.	Yes/No/NA	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit The census was 86 residents out of a capacity of 120.

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Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Moore</i>	Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home	Facility Name/Address: <i>Peak Resources Pine Lake 801 Pinehurst Ave Pinehurst</i>
Visit Date: <i>10/19/2024</i>	Time spent in facility: <i>1 hr 0 min</i>	Arrival time: <i>2:10 pm</i>
Name of person exit interview was held with: <i>Thad Morgan</i> <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: <i>Jim DeKornfeld, Sandy Nusbaum, Jean Childers</i>		Report Completed by: <i>Jean Childers</i>
Number of Residents who received personal visits from committee members: <i>9</i>		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities? Ex. 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?	<i>yes</i> <i>yes</i> <i>N/A</i> <i>yes</i> <i>yes</i> <i>No</i> <i>N/A</i>	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike? 9. Did you notice unpleasant odors in commonly used areas? 10. Did you see items that could cause harm or be hazardous? 11. Did residents feel their living areas were too noisy? 12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside 13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	<i>yes</i> <i>yes</i> <i>No</i> <i>No</i> <i>No</i> <i>yes</i>	<i>full</i> <i>on 100 but later resolved</i> <i>"most of the time"</i> <i>"they do their best"</i>
Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? 17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine? 18. Do residents have privacy in making and receiving phone calls? 19. Is there evidence of community involvement from other civic, volunteer or religious groups? 20. Does the facility have a Resident's Council? Family Council?	<i>N/A</i> <i>yes</i> <i>yes</i> <i>yes</i> <i>yes</i>	<i>Residents Council Yes</i> <i>Family Council No</i>
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?	<i>No</i>	Discuss items from "Areas of Concern" Section as well as any changes observed

Request information from the resident(s) about their health and safety needs during the visit	during the visit
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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Adult Care Home	Facility Name/Address: Tara Plantation 820 S. McNeill St Carthage, NC Memory Care Census 25 residents out of 40. General Care Census 36 residents out of 39.	
Visit Date: 10/9/24	Time spent in facility: 1 hr	Arrival time: 10: am	
Name of person exit interview was held with: Kathy Joffman Administrator and Owner		Interview was held: In-Person	
Committee Members Present: Sandy Nussbaum, Jean Childers, Jim DeKornfeld		Report Completed by Jim DeKornfeld	
Number of Residents who received personal visits from committee members: 11			
Resident Rights Information is clearly visible: Yes		Ombudsman Contact Info is correct and clearly posted: Yes	
The most recent survey was readily accessible: <input type="checkbox"/> Yes <i>(Required for Nursing Homes Only)</i>		Staffing information clearly posted: No	
Resident Profile		Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free? 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 yes no n/a	
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 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 Not really no yes Make that Cow Bells n/a	There was a maintenance room which was unoccupied and the door was open They used to have call bells, but the system failed and the cost to repair or replace seems to be too high to consider.
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?		yes ywa n/a	
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?		yes n/a	

19. Is there evidence of community involvement from other civic, volunteer or religious groups?	yes	
20. Does the facility have a Resident's Council? Family Council?	yes	
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Yes/No/NA	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Nursing Home Assisted Living Memory Care	Facility Name/Address: Peak Resources 801 Pinehurst Avenue Carthage, NC 28327	
Visit Date: 9/3/2024	Time spent in facility: 2 hr	Arrival time: 12:30 pm	
Name of person exit interview was held with: Administrator – Thad Morgan		Interview was held: In Person	
Committee Members Present: Ivory Little, Jean Childers, Rachel Brower, Sandy Nusbaum		Report Completed by: Sandy Nusbaum	
Number of Residents who received personal visits from committee members: Five			
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) 1/3/2024		Staffing information clearly posted: Yes	
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/A	Staff outside with four residents on patio, and residents in the social areas. Staff helping residents coming from the shower area.
Resident Living Accommodations		Yes/No/NA	
8. Did residents describe their living environment as homelike? 9. Did you notice unpleasant odors in commonly used areas? 10. Did you see items that could cause harm or be hazardous?		N/A Y Y	Odor in every hall. Told at exit interview 8 exhaust fans were off from 7:30 to 1 p.m. They were wired into generator due to power loss. Completion scheduled for 4:00 p.m. Linen carts in all halls, rooms are being restocked. Will be moved when complete.
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?		N/A N/A N Y	Contractor sharp tools left on a ledge outside of rehab area where working on exhaust fans. Water on floor 300 hall near shower area due to shower bed. Water is several halls. Equipment storage room open; someone working in 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/A	

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	N/A	Community Activities Family Life Available Living Environment Safety Wells
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Y Y	Menu posted outside of dining hall.
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Y	Highly energetic activity calendar. Regular calendar in 400 hall out of date.
20. Does the facility have a Resident's Council? Family Council?	N/A	
Areas of Concern	Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Check to see that fans are working and there are no odors. Check for water on floors.	Y	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. It was observed that staff are very friendly and all willing to help each other. Told by the Administrator that the beauty shop does not have consistent hours due to an issue with obtaining operator and insurance. Very good documentation throughout facility.

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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"/> X Adult Care Home	Facility Name/Address: The Coventry 105 Gossman Dr. Southern Pines, N.C.28387
Visit Date: 10 / 3 / 24	Time spent in facility: hr 45 min	Arrival time: 11:40: x <input type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: Danielle Purcell 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: Vicky Hancock, Grace Anderson, Rachel Bower		Report Completed by: Grace Anderson
Number of Residents who received personal visits from committee members: 3		
Resident Rights Information is clearly visible: x <input type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: x <input type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) n/a		Staffing information clearly posted: <input type="checkbox"/> Yes x <input type="checkbox"/> No
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	y	
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	n/a	
4. Were residents interacting with staff, other residents & visitors?	y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	y	
6. Did you observe restraints in use?	n	
7. If so, did you ask staff about the facility's restraint policies?	n/an	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	n	
9. Did you notice unpleasant odors in commonly used areas?	Y	There was a extreme musky odor in one hallway. Maintenance was working on an area in the ceiling. During heavy rains they tend to have leaks.
10. Did you see items that could cause harm or be hazardous?	n	
11. Did residents feel their living areas were too noisy?	n	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	N	It is a non smoking campus.
13. Were residents able to reach their call bells with ease?	y	They are worn around the neck.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	n/a	
Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	y	Several residents were playing bingo and/or waiting for lunch. We arrived shortly before lunch time.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	n/a n/a	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	y	They have a menu to chose from.
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>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Currently they are down in capacity. The nursing center bought 10 beds from the Coventry.</p>		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> X Adult Care Home	Facility Name/Address: Fox Hollow, 190 Fox Hollow Rd., Pinehurst N.C. 28374
Visit Date: 11 / 12 / 24	Time spent in facility: hr 45 min	Arrival time: 11:15 x <input type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: Nydia Brooks Executive Director <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title)		Interview was held: x in Person <input type="checkbox"/> Phone
Committee Members Present: Vicki Hancock, Grace Anderson Rachel Brower		Report Completed by: Grace Anderson

Number of Residents who received personal visits from committee members: 3

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

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

Staffing information clearly posted: Yes x No

Resident Profile

Yes/No/NA

Comments/Other Observations

1. Do the residents appear neat, clean and odor free?
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?
3. Did you see or hear residents being encouraged to participate in their care by staff members?
4. Were residents interacting with staff, other residents & visitors?
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?
6. Did you observe restraints in use?
7. If so, did you ask staff about the facility's restraint policies?

y

Most residents are in independent living and require minimal help

n/a

In memory care

y

In memory care

n/a

n

n

Resident Living Accommodations

Yes/No/NA

Comments/Other Observations

8. Did residents describe their living environment as homelike?
9. Did you notice unpleasant odors in commonly used areas?
10. Did you see items that could cause harm or be hazardous?
11. Did residents feel their living areas were too noisy?
12. Does the facility accommodate smokers?
Where? x Outside only Inside only Both Inside/Outside
13. Were residents able to reach their call bells with ease?
14. Did staff answer call bells in a timely & courteous manner?
If no, did you share this with the administrative staff?

n/a

Each room is decorated with the residents personal items.

n

n

n

y

n/a

They wear alerts

n/a

Resident Services

Yes/No/NA

Comments/Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?
Can residents access their monthly needs funds at their convenience?
17. Are residents asked their preferences about meal/snack choices?
Are they given a choice about where they prefer to dine?

n/a

A variety of activities on the schedule

n/a

y

There are several options to the posted menu.

y

They have the option of the dining room or their own room

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

Private phones

y

20. Does the facility have a Resident's Council? Family Council?	Y y	Yes/No/NA	Exit Summary
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit? The sink and vanity in many bathrooms are being replaced. Facility is planning some refinancing and will need to be fully ADA compliant. Wonder how the lower sinks will be handled by the taller residents			Discuss items from "Areas of Concern" Section as well as any changes observed during the visit Nydia stated they had not received any complaints so far.

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home	Facility Name/Address Terra Bella 101 Brucewood Rd Southern Pines, N.C.28387:
Visit Date: 10 / 29 /2024	Time spent in facility: hr 45min	Arrival time: 11:45 x am <input type="checkbox"/> pm
Name of person exit interview was held with: Evan Kaplan Executive Director x Phone <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Interview was held: <input type="checkbox"/> in Person
Committee Members Present: Vicki Hancock, Rachel Bower, Grace Anderson		Report Completed by: Grace Anderson

Number of Residents who received personal visits from committee members: 2	
Resident Rights Information is clearly visible: x <input type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman Contact Info is correct and clearly posted: xx <input type="checkbox"/> Yes <input type="checkbox"/>
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 <input type="checkbox"/> No

Resident Profile	Yes/No/NA	Comments/Other Observations
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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?	n/a
4. Were residents interacting with staff, other residents & visitors?	Y Most residents were in the dining room ready for lunch. All staff in memory care were with residents. It took a long time for someone to answer the bell.
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
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8. Did residents describe their living environment as homelike?	n/a
9. Did you notice unpleasant odors in commonly used areas?	n
10. Did you see items that could cause harm or be hazardous?	n
11. Did residents feel their living areas were too noisy?	n/a
12. Does the facility accommodate smokers? Where? <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?	n/a
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	n/a

Resident Services	Yes/No/NA	Comments/Other Observations
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15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	y	Lots of activities 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?	y	Varied menu with options. In memory care residents were eating with all disposable items. Staff said kitchen was being cleaned.
18. Do residents have privacy in making and receiving phone calls?	y	Private phones
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?	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? There was trash on the floor in C hall (memory care).	Yes/No/NA	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit There was Christmas music playing when we arrived. Confusing with fall decorations up. This was in the main building not memory care.

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Community Advisory Committee Quarterly/Annual Visitation Report

County:	Moore	Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Adult Care Home	Facility Name/Address: Quail Haven/ The Inn at Quail Haven 155 Blake Blvd., Pinehurst, N.C, 28374					
Visit Date:	11 /19 /24/	Time spent in facility: 1 hr 10 min	Arrival time:	10:00: X am <input type="checkbox"/> pm				
Name of person exit interview was held with: Crystal Hofstetter 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: Vicki Hancock, Grace Anderson with Rachel Brower shadowing			Report Completed by: Grace Anderson					
<p>Number of Residents who received personal visits from committee members: 4</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Resident Rights Information is clearly visible: X Yes <input type="checkbox"/> No</td> <td style="width: 50%;">Ombudsman Contact Info is correct and clearly posted: X Yes <input type="checkbox"/> No</td> </tr> <tr> <td>The most recent survey was readily accessible: X Yes <input type="checkbox"/> No (Required for Nursing Homes Only)</td> <td>Staffing information clearly posted: X Yes <input type="checkbox"/> No</td> </tr> </table>					Resident Rights Information is clearly visible: X Yes <input type="checkbox"/> No	Ombudsman Contact Info is correct and clearly posted: X Yes <input type="checkbox"/> No	The most recent survey was readily accessible: X Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information clearly posted: X Yes <input type="checkbox"/> No
Resident Rights Information is clearly visible: X Yes <input type="checkbox"/> No	Ombudsman Contact Info is correct and clearly posted: X Yes <input type="checkbox"/> No							
The most recent survey was readily accessible: X Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information clearly posted: X Yes <input type="checkbox"/> No							
Resident Profile			Yes/No/NA	Comments/Other Observations				
<ol style="list-style-type: none"> 1. Do the residents appear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents interacting with staff, other residents & visitors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 6. Did you observe restraints in use? 7. If so, did you ask staff about the facility's restraint policies? 			<input type="checkbox"/> y/n <input type="checkbox"/> y <input type="checkbox"/> n <input type="checkbox"/> y <input type="checkbox"/> n/a <input type="checkbox"/> n <input type="checkbox"/> n	Students from Sandhill Community College were there assisting with residents				
Resident Living Accommodations			Yes/No/NA	Comments/Other Observations				
<ol style="list-style-type: none"> 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? 			<input type="checkbox"/> n/a <input type="checkbox"/> y <input type="checkbox"/> y	There was urine and fecal odor in the 400 & 600 hall. 300 hall had equipment on both sides of the hall. There was water on the floor in several halls. After showers people were taken back to their rooms and water dripped down the hallways.				
<ol style="list-style-type: none"> 11. Did residents feel their living areas were too noisy? 12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside 13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff? 			<input type="checkbox"/> n/a <input type="checkbox"/> n/a <input type="checkbox"/> y <input type="checkbox"/> y/n	Some residents states call bells were answered promptly. One resident stated a tech turned her call bell off and said she would be back. The resident was getting ready to call again because nobody had returned to help her.				
Resident Services			Yes/No/NA	Comments/Other Observations				
<ol style="list-style-type: none"> 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? 			<input type="checkbox"/> NA <input type="checkbox"/> N/A	A large calendar was posted				

17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	n	A large electronic menu is posted however, non ambulatory residents do not always see a menu.
18. Do residents have privacy in making and receiving phone calls?	Y	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Y	
20. Does the facility have a Resident's Council? Family Council?	Y	
Areas of Concern	Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Odors seem to be an ongoing issue. Did not receive any complaints this visit about third shift staff. A resident stated she was unable to find out why her rehab was not continuing. She stated we could use her name and we ask Crystal if she could check into this.		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit We had a very short exit interview since Crystal left a meeting to see us briefly.

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Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Nursing Home	Facility Name/Address: St Joseph's Health Center, 103 Grossman Dr, Southern Pines, NC 28387	
Visit Date: 10/03/2024	Time spent in facility: 1 hr 30 min	Arrival time: 10:00 AM	
Name of person exit interview was held with: Ray Esteves, Executive Director		Interview was held: in Person	
Committee Members Present: Vicki Hancock, Grace Anderson, Rachel Brower		Report Completed by: Vicki Hancock	
Number of Residents who received personal visits from committee members: 7			
Resident Rights Information is clearly visible: Yes		Ombudsman Contact Info is correct and clearly posted: Yes	
The most recent survey was readily accessible: Yes (front desk) <i>(Required for Nursing Homes Only)</i>		Staffing information clearly posted: Yes (census info)	
Resident Profile		Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?		Y	1:8 ratio of clients to staff
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	Capacity = 90, Current census = 68 Short-stay = 30
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?		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	
9. Did you notice unpleasant odors in commonly used areas?		N	
10. Did you see items that could cause harm or be hazardous?		N	
11. Did residents feel their living areas were too noisy?		N	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside		N	
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?		TBD Y	Call bells sounding on first and second floors during our visit.
Resident Services		Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?		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 Y	One recent person admitted was concerned about meeting with a dietitian to assure that his diabetic needs were addressed. Another observed that foods are over seasoned, or seasoned with flavors not compatible for the food being served. (S&P are always provided.)
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	Yes/No/NA	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>This visit was the first in several months in which the facility was not under COVID restrictions.</p> <p>Mr. Esteves told us that his hope is to answer all call bells in from 5-8 minutes. He observed that there are many call bells first thing in the morning when residents awaken, many for comfort-related activities (e.g., need another pillow).</p> <p>Newly admitted patients see dietary and rehab-related staff between 24 & 28 hours after admission.</p>	Y	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit</p> <p>St Joe's has been undergoing changes since Mr. Esteves returned about four months ago to balance capacity numbers with The Coventry. It is also working to expand rehab services which were reduced during the COVID years.</p> <p>Staffing is adequate, though Mr. Esteves would like to improve the ratio of staff to residents from 1:8 to 1:4. Hiring qualified staff continues to be challenging and turnover is frequent.</p>

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Community Advisory Committee Quarterly/Annual Visitation Report

9. Did you notice unpleasant odors in commonly used areas?	Y	400 hallway: strong urine smell Memory Care: strong urine smell Unmarked wet areas alternating with sticky areas throughout hallways. One hallway area has three different flooring surfaces: old parquet, carpet squares, vinyl flooring. The vinyl flooring in one hallway looks warped: buckled in the middle, lifted up at the edges. On first visit with a resident, Vicki walked into resident's room and fell after slipping on an unmarked wet area. Resident was about to leave her room for another area of the facility.
10. Did you see items that could cause harm or be hazardous?	Y	
11. Did residents feel their living areas were too noisy?	NA	
12. Does the facility accommodate smokers? Where? Outside only	Y	
13. Were residents able to reach their call bells with ease?	Y	We noted that, during the 90 minutes we visited, NO call bells sounded – very unusual.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	mixed Y	
Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	NA	Currently 78 residents. Tuesday skilled staffing scheduled during the day of our visit, 7.
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 NA	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	NA NA	
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 NA	
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? Floors, odors, food	Y	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit Floors: Debbie confirmed that signs should be placed on wet floors in areas that have just been cleaned. She also guessed that the sticky floors were the result of a relatively new staffer not using the correct mix of cleaning agent to water. She explained that the faulty flooring is in the process of being replaced and should be completed by the end of November (2024).

Odors: Debbie was surprised to hear about the prevailing odors around the facility and promised to check in to it.

Food: Debbie shared that a new chef who cooked the previous weekend caused havoc for the residents with her meal choices and preparation. She said it was likely that, if the weekend hadn't been so bad, residents wouldn't be complaining. She also noted that, while chicken is definitely a protein choice, residents also receive turkey, pork, and some beef. We noted that the lunch and dinner menus for the day of our visit included meatloaf and a pork chop.

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