

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

|   |   |  |
|---|---|--|
| County:<br>Moore  | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input type="checkbox"/> Nursing Home | Brookdale Carolina House<br><i>Census 53</i>                     |
| Thursday February 4, 2016   | Time spent in facility<br>hours 50 minutes  | Arrival time 11 am   |
| Name of person(s) with whom exit interview was held<br>Laura Cleveland  |   | Interview was held <input checked="" type="checkbox"/> in person |
| Committee members present: Judy Trevarrow, Brenda Pickler, Sue McDuffie   |   |  |
| Number of residents who received personal visits from committee members 7   |   | Report completed by:<br>Judy Trevarrow                           |
| Resident Rights information is clearly posted? yes  | Ombudsman contact information is correct and clearly posted: Yes  |  |
| The most recent survey was readily accessible<br>(Required for NHs only – record date of most recent survey posted): NA | Staffing information clearly posted? Na   |  |

| <b>Resident Profile</b>  | <b>Yes<br/>No<br/>N/A</b> | <b>Comments/Other Observations<br/>(please number comments)</b> |
|--|---------------------------|---|
| 1. Do the residents appear neat, clean and odor free?  | Yes                       |   |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | Yes                       |   |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | 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                       |   |
| 5a. Did staff members wear nametags that are easily read by residents and visitors?  | No                        |   |
| 6. Did you observe restraints in use?  | No                        |   |
| 7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)                                       | na                        |   |

| <b>Resident Living Accommodations</b>  | <b>Yes<br/>No<br/>N/A</b> | <b>Comments/Other Observations<br/>(please number comments)</b> |
|--|---------------------------|---|
| 8. Did residents describe their living environment as homelike?                  | Yes                       | Staff were very available to residents                          |
| 9. Did you notice unpleasant odors?  | No                        |   |
| 10. Did you see items that could cause harm or be hazardous?                     | No                        |   |
| 10a. Were unattended med carts locked?   | Yes                       |   |
| 10b. Were bathrooms clean, odor-free and free from hazards?                      | Yes                       |   |
| 10c. Were rooms containing hazardous materials locked?                           | Yes                       |   |
| 11. Did residents feel their living areas were kept at a reasonable noise level? | Yes                       |   |
| 12. Does the facility accommodate smokers?                                       | Na                        |   |
| 12a. Where? (Outside / inside / both)  | Na                        |   |
| 13. Were residents able to reach their call bells with ease?                     | Yes                       |   |
| 14. Did staff answer call bells in a timely & courteous manner?                  | Na                        |   |
| 14a. If no, did you share this with the administrative staff?                    |                           |   |

Facility / date:

| <b>Resident Services</b>  | <b>Yes<br/>No<br/>N/A</b> | <b>Comments/Other Observations<br/>(please number comments)</b>                                     |
|---|---------------------------|---|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | Yes                       | 1. Resident trust funds are available Daily.<br>2. Community singing involved many of the residents |
| 15a. Was a current activity calendar posted in the facility?  | Yes                       |   |
| 15b. Were activities scheduled to occur at the time of your visit actually occurring?   | Yes                       |   |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?   | Na                        |   |
| 16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs) | Na                        |   |
| 17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)                                 | Yes                       |   |
| 17a. Are they given a choice about where they prefer to dine?   | No                        |   |
| 17b. Did residents express positive opinions regarding their dining experience (the food provided)?   | Yes                       |   |
| 17c. Is fresh ice water available and provided to residents?  | Yes                       |   |
| 18. Do residents have privacy in making and receiving phone calls?  | yes                       |   |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?   | Yes                       |   |
| 20. Does the facility have a functioning: Resident's Council?<br>Family Council?  | yes<br>yes                |   |

| <b>Areas of Concern</b>   | <b>Exit Summary</b>   |
|---|---|
| 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. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address? |
| None  | No areas of concern   |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

|  |   |   |
|--|---|---|
| County:<br><b>Moore</b>  | Facility Type<br><input type="checkbox"/> Family Care Home<br><input checked="" type="checkbox"/> Adult Care Home<br>Nursing Home | Facility Name Elmcroft<br><br>Census 43 – capacity 46 |
| Visit date and day of the week<br>1/5/2016 - Tuesday   | Time spent in facility<br>.75 hour  | Arrival time<br>1:30                                  |
| Name of person(s) with whom exit interview was held<br>Eric Nuckles  |   | Interview was held in person<br>Yes                   |
| Committee members present: Barbara Venditti, Priscilla Beck, Joan Oswald, Ginny Whiting, Kathy Hodges, Terry Heller      |   |   |
| Number of residents who received personal visits from committee members<br>3   |   | Report completed by:<br>Theresa Heller                |
| Resident Rights information is clearly posted?   | Ombudsman contact information is correct and clearly posted: Y  |   |
| The most recent survey was readily accessible<br>(Required for NHs only – record date of most recent survey posted) : NA | Staffing information clearly posted At the nurses' station NA   |   |

| <b>Resident Profile</b>  | <b>Yes<br/>No<br/>N/A</b> | <b>Comments/Other Observations (please number comments)</b> |
|--|---------------------------|---|
| 1. Do the residents appear neat, clean and odor free?  | Y                         |   |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | NA                        |   |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | NA                        |   |
| 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                        |   |
| 5a Did staff members wear nametags that are easily read by residents and visitors?   | Y                         |   |
| 6. Did you observe restraints in use?  | NA                        |   |
| 7. If so, did you ask staff about the facility's restraint policies?<br>(note: Do not ask about confidential information without consent)                                    |                           |   |

| <b>Resident Living Accommodations</b>  | <b>Yes<br/>No<br/>N/A</b> | <b>Comments/Other Observations (please number comments)</b> |
|--|---------------------------|---|
| 8. Did residents describe their living environment as homelike?                  | NA                        |   |
| 9. Did you notice unpleasant odors?  | N                         |   |
| 10. Did you see items that could cause harm or be hazardous?                     | N                         |   |
| 10a. Were unattended med carts locked?   | Y                         |   |
| 10b. Were bathrooms clean, odor-free and free from hazards?                      | Y                         |   |
| 10c. Were rooms containing hazardous materials locked?                           | Y                         |   |
| 11. Did residents feel their living areas were kept at a reasonable noise level? | NA                        |   |
| 12. Does the facility accommodate smokers?                                       | N                         |   |
| 12a Where? (Outside / inside / both)   |                           |   |
| 13. Were residents able to reach their call bells with ease?                     | NA                        |   |
| 14. Did staff answer call bells in a timely & courteous manner?                  | NA                        |   |
| 14a If no, did you share this with the administrative staff?                     |                           |   |

\*\*\* N/A equals not applicable, not asked, not observed

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|---|------------------|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | N                |  |
| 15a Was a current activity calendar posted in the facility?   | Y                |  |
| 15b Were activities scheduled to occur at the time of your visit actually occurring?  | Y                |  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?   | NA               |  |
| 16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay full cost OTC drugs) | NA               |  |
| 17. Are residents asked their preferences about meal & Snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)                             | Y                |  |
| 17a. Are they given a choice about where they prefer to dine?   | Y                |  |
| 17b. Did residents express positive opinions regarding their dining experience (the food provided)?   | Y                |  |
| 17c. Is fresh ice water available and provided to residents?  | 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?   | NA               |  |
| 20. Does the facility have a functioning: Resident's Council?<br>Family Council?  | NA               |  |

| Areas of Concern  | 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>One resident had difficulty hearing the entire message on the facility-wide intercom.</p> <p><b>EXIT INTERVIEW:</b></p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>Discussed the intercom issue during exit interview and were told that they would start to repeat the message two times in order to give the residents a better opportunity to hear the announcements.</p> |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

|   |  |   |
|---|--|---|
| County <i>Moore</i>   | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input checked="" type="checkbox"/> Nursing Home | Facility Name: <i>Manor Care Health Services<br/>Pinchurst</i><br>Census - current/licensed: <i>101</i> |
| Visit Date and day of the week<br><i>2/4/16 Thursday</i>  | Time spent in facility<br><i>1</i> hours <i>00</i> minutes   | Arrival time <i>10:00 AM</i>  |
| Name of person(s) with whom exit interview was held<br><i>Margaret Hollman / Melinda Coneau Asst. Nursing<br/>DON</i>   |  | Interview was held <input checked="" type="checkbox"/> in person  |
| Committee members present:<br><i>Sue M<sup>e</sup> Duffie, Brenda Pickler, Judy Trevarrow</i>   |  |   |
| Number of residents who received personal visits from committee members <i>5</i>  | Report completed by:<br><i>Sue M<sup>e</sup> Duffie</i>  |   |
| Resident Rights information is clearly posted? <i>yes</i>   | Ombudsman contact information is correct and clearly posted: <i>yes</i>  |   |
| The most recent survey was readily accessible<br>(Required for NHs only - record date of most recent survey posted): <i>May 15, 2015 (Lobby for review by public)</i> | Staffing information clearly posted? <i>yes</i><br><i>CNA - 1-18 pts</i><br><i>RN - 4</i>  |   |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 1. Do the residents appear neat, clean and odor free?  | <i>yes</i>       |  |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | <i>yes</i>       |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | <i>yes</i>       |  |
| 4. Were residents interacting with staff, other residents & visitors?  | <i>yes</i>       |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | <i>yes</i>       |  |
| 5a Did staff members wear nametags that are easily read by residents and visitors?   | <i>yes</i>       |  |
| 6. Did you observe restraints in use?  | <i>N/A</i>       |  |
| 7. If so, did you ask staff about the facility's restraint policies?<br>Note: Do not ask about confidential information without consent                                      | <i>N/A</i>       |  |

| Resident Living Accommodations   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 8. Did residents describe their living environment as homelike?  | <i>yes</i>       |  |
| 9. Did you notice unpleasant odors?  | <i>No</i>        |  |
| 10. Did you see items that could cause harm or be hazardous?   | <i>No</i>        |  |
| 10a. Were unattended med carts locked?   | <i>yes</i>       |  |
| 10b. Were bathrooms clean, odor-free and free from hazards?  | <i>yes</i>       |  |
| 10c. Were rooms containing hazardous materials locked?   | <i>yes</i>       |  |
| 11. Did residents feel their living areas were kept at a reasonable noise level?   | <i>yes</i>       |  |
| 12. Does the facility accommodate smokers?<br>Note: By regulation smoking is only permitted <u>outside</u> of the Building | <i>yes</i>       | <i>Use a smoking apron</i>                           |
| 13. Were residents able to reach their call bells with ease?   | <i>yes</i>       |  |
| 14. Did staff answer call bells in a timely & courteous manner?  | <i>yes</i>       |  |
| 14a If no, did you share this with the administrative staff?   | <i>N/A</i>       |  |

\*\*\* N/A equals not applicable, not asked, not observed

Facility / Date: Manor Care 2/4/16

| Resident Services   | Yes<br>No<br>N/A | Comments/<br>number com<br>Other Observations (please<br>ments) |
|---|------------------|---|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?     | yes              |   |
| 15a. Was a current activity calendar posted in the facility?  | yes              |   |
| 15b. Were activities scheduled to occur at the time of your visit actually occurring?                             | yes              |   |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | yes              |   |
| 16a. Can residents access their monthly needs funds at their convenience?   | yes              |   |
| 17. Are residents asked their preferences about meal & snack choices?   | yes              |   |
| 17a. Are they given a choice about where they prefer to dine?   | yes              |   |
| 17b. Did residents express positive opinions regarding their dining experience?                                   | yes              |   |
| 17c. Is fresh ice water available and provided to residents?  | yes              |   |
| 18. Do residents have privacy in making and receiving phone calls?  | yes              |   |
| 19. Is there evidence of community involvement from other Civic, volunteer or religious groups?                   | yes              |   |
| 20. Does the facility have a functioning: Resident's Council?<br>Family Council?                                  | yes<br>no        |   |

| 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? <i>None</i> | Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. (Does the facility have needs that the committee or community could help address? <i>None</i> ) |
|   | <i>There are Veterans at Manor Care and on National Holidays for Veterans something special is done for them.</i>  |

**Community Advisory Committee  
Quarterly/Annual Visitation Report Addendum**

Facility/ Date *Manor Care 2/4/16*

| Culture Change / Person Centered Thinking   | Comments/Responses   |
|---|--|
| <p><b>1. Directed to residents –</b></p> <p>a. What is one thing you would change here to make your life better?</p> <p>b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed?</p> <p>c. What's important to you while dining?</p> <p>d. What would make your dining experience here more like home?</p> <p>e. Is listening to music something you've enjoyed?</p>   | <p><i>Nothing</i></p> <p><i>yes</i></p> <p><i>quiet - good relationship with others at my table</i></p> <p><i>Nothing</i></p> <p><i>yes</i></p>  |
| <p><b>2. Directed to the administrator or supervisor-in-charge</b></p> <p>a. What are you doing to incorporate residents' wants and needs in every aspect of their lives and assure a home-like environment?</p> <p>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</p> <p>c. What are you doing to make the dining experience a pleasant one for your residents?</p> <p>d. Are you offering personalized music to your residents?</p> | <p><i>Meet &amp; Family and develop a Family Care Plan</i></p> <p><i>yes</i></p> <p><i>(manor care)<br/>Let them sit &amp; friends or have visitors dine &amp; them.</i></p> <p><i>yes</i></p> |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

|   |  |  |
|---|--|--|
| County<br><i>Moore</i>  | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input checked="" type="checkbox"/> Nursing Home | Facility Name:<br><i>Peak Resources / Pine Lake</i><br>Census – current/licensed: <i>81/90 16/20</i> |
| Visit Date and day of the week<br><i>Thurs. Jan 7 2016</i>  | Time spent in facility<br><i>1</i> hours <i>30</i> minutes   | Arrival time<br><i>1000</i>  |
| Name of person(s) with whom exit interview was held<br><i>Jan Powers, Administrator</i>   |  | Interview was held <input checked="" type="checkbox"/> in person                                     |
| Committee members present:<br><i>Brenda Pickler, Sue McDuffie</i>   |  |  |
| Number of residents who received personal visits from committee members<br><i>6</i>   |  | Report completed by:<br><i>Brenda Pickler</i>  |
| Resident Rights information is clearly posted?<br><i>Yes</i>  | Ombudsman contact information is correct and clearly posted:<br><i>Yes</i>   |  |
| The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted):<br><i>Yes</i> | Staffing information clearly posted?<br><i>Yes</i>   |  |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 1. Do the residents appear neat, clean and odor free?  | <i>Yes</i>       |  |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | <i>Yes</i>       |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | <i>Yes</i>       |  |
| 4. Were residents interacting with staff, other residents & visitors?  | <i>Yes</i>       |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | <i>Yes</i>       |  |
| 5a. Did staff members wear nametags that are easily read by residents and visitors?  | <i>Yes</i>       |  |
| 6. Did you observe restraints in use?  | <i>NO</i>        |  |
| 7. If so, did you ask staff about the facility's restraint policies?<br>Note: Do not ask about confidential information without consent                                      |                  |  |

| Resident Living Accommodations  | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|---|------------------|--|
| 8. Did residents describe their living environment as homelike?   | <i>Yes</i>       |  |
| 9. Did you notice unpleasant odors?   | <i>NO</i>        |  |
| 10. Did you see items that could cause harm or be hazardous?  | <i>NO</i>        |  |
| 10a. Were unattended med carts locked?  | <i>Yes</i>       |  |
| 10b. Were bathrooms clean, odor-free and free from hazards?   | <i>Yes</i>       |  |
| 10c. Were rooms containing hazardous materials locked?  | <i>Yes</i>       |  |
| 11. Did residents feel their living areas were kept at a reasonable noise level?                                    | <i>Yes</i>       |  |
| 12. Does the facility accommodate smokers?<br>Note: By regulation smoking is only permitted outside of the Building | <i>NO</i>        |  |
| 13. Were residents able to reach their call bells with ease?  | <i>Yes</i>       |  |
| 14. Did staff answer call bells in a timely & courteous manner?   | <i>N/A</i>       |  |
| 14a. If no, did you share this with the administrative staff?   |                  |  |

\*\*\* N/A equals not applicable, not asked, not observed

Facility / Date:

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|---|------------------|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?     | N/A              |  |
| 15a. Was a current activity calendar posted in the facility?  | Yes              |  |
| 15b. Were activities scheduled to occur at the time of your visit actually occurring?                             | Yes              |  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | N/A              |  |
| 16a. Can residents access their monthly needs funds at their convenience?   | N/A              |  |
| 17. Are residents asked their preferences about meal & snack choices?   | Yes              |  |
| 17a. Are they given a choice about where they prefer to dine?   | Yes              |  |
| 17b. Did residents express positive opinions regarding their dining experience?                                   | Yes              |  |
| 17c. Is fresh ice water available and provided to residents?  | 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 functioning: Resident's Council?<br>Family Council?                                  | Yes              |  |

| Areas of Concern   | 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> <hr/> <p>One resident paying for private room yet sharing a bathroom with a male resident</p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <hr/> <p>Spent some extra time getting to know the new administrator.</p> <p>Residents concerns regarding the sharing of the BR will be addressed</p> |

**Community Advisory Committee  
Quarterly/Annual Visitation Report Addendum**

Facility/ Date

| Culture Change / Person Centered Thinking   | Comments/Responses  |
|---|---|
| <p><b>1. Directed to residents –</b></p> <p>a. What is one thing you would change here to make your life better?</p> <p>b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed?</p> <p>c. What's important to you while dining?</p> <p>d. What would make your dining experience here more like home?</p> <p>e. Is listening to music something you've enjoyed?</p>   | <p>more privacy<br/>more visits from family</p> <p>Sometimes</p> <p>No comments</p> <p>Smaller groups - less noise</p> <p>yes</p> |
| <p><b>2. Directed to the administrator or supervisor-in-charge</b></p> <p>a. What are you doing to incorporate residents' wants and needs in every aspect of their lives and assure a home-like environment?</p> <p>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</p> <p>c. What are you doing to make the dining experience a pleasant one for your residents?</p> <p>d. Are you offering personalized music to your residents?</p> | <p>Family council<br/>Residents council</p> <p>If possible</p> <p>More variety</p> <p>Not asked</p>                               |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

|   |  |   |
|---|--|---|
| County<br><i>Moore</i>  | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input checked="" type="checkbox"/> Nursing Home | Facility Name:<br><i>Tara Plantation</i><br>Census – current/licensed: <i>70/80</i> |
| Visit Date and day of the week<br><i>Tues Jan 7 2016</i>  | Time spent in facility<br><i>1</i> hours <i>30</i> minutes   | Arrival time<br><i>1145</i>   |
| Name of person(s) with whom exit interview was held<br><i>Dawn Oldham</i>   |  | Interview was held <input checked="" type="checkbox"/> in person                    |
| Committee members present:<br><i>Brenda Pickler, Sue McDuffie</i>   |  |   |
| Number of residents who received personal visits from committee members<br><i>5</i>   |  | Report completed by:<br><i>Brenda Pickler</i>                                       |
| Resident Rights information is clearly posted?<br><i>yes</i>  | Ombudsman contact information is correct and clearly posted:<br><i>yes</i>   |   |
| The most recent survey was readily accessible<br>(Required for NHs only – record date of most recent survey posted) :<br><i>yes</i> | Staffing information clearly posted?<br><i>yes</i>   |   |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 1. Do the residents appear neat, clean and odor free?  | <i>yes</i>       |  |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | <i>yes</i>       |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | <i>N/A</i>       |  |
| 4. Were residents interacting with staff, other residents & visitors?  | <i>yes</i>       |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | <i>N/A</i>       |  |
| 5a Did staff members wear nametags that are easily read by residents and visitors?   | <i>yes</i>       |  |
| 6. Did you observe restraints in use?  | <i>NO</i>        |  |
| 7. If so, did you ask staff about the facility's restraint policies?<br>Note: Do not ask about confidential information without consent                                      | <i>N/A</i>       |  |

| Resident Living Accommodations  | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|---|------------------|--|
| 8. Did residents describe their living environment as homelike?   |                  |  |
| 9. Did you notice unpleasant odors?   | <i>NO</i>        |  |
| 10. Did you see items that could cause harm or be hazardous?  | <i>NO</i>        |  |
| 10a. Were unattended med carts locked?  | <i>yes</i>       |  |
| 10b. Were bathrooms clean, odor-free and free from hazards?   | <i>yes</i>       |  |
| 10c. Were rooms containing hazardous materials locked?  | <i>yes</i>       |  |
| 11. Did residents feel their living areas were kept at a reasonable noise level?                                    | <i>yes</i>       |  |
| 12. Does the facility accommodate smokers?<br>Note: By regulation smoking is only permitted outside of the Building | <i>yes</i>       |  |
| 13. Were residents able to reach their call bells with ease?  | <i>yes</i>       |  |
| 14. Did staff answer call bells in a timely & courteous manner?   | <i>N/A</i>       |  |
| 14a If no, did you share this with the administrative staff?  | <i>N/A</i>       |  |

\*\*\* N/A equals not applicable, not asked, not observed

Facility / Date:

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|---|------------------|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?     | N/A              |  |
| 15a. Was a current activity calendar posted in the facility?  | YES              |  |
| 15b. Were activities scheduled to occur at the time of your visit actually occurring?                             | YES              |  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | N/A              |  |
| 16a. Can residents access their monthly needs funds at their convenience?   | Yes              |  |
| 17. Are residents asked their preferences about meal & snack choices?   | N/A              |  |
| 17a. Are they given a choice about where they prefer to dine?   | YES              |  |
| 17b. Did residents express positive opinions regarding their dining experience?                                   | YES              |  |
| 17c. Is fresh ice water available and provided to residents?  | 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 functioning Resident's Council?<br>Family Council?                                   | Yes<br>NO        |  |

| Areas of Concern   | 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> <hr/> <p>One resident expressed concern over not having C-Pap machine for 1 week.</p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <hr/> <p>Upon questioning the resident was able to use the machine even though a part was being ordered.</p> |

**Community Advisory Committee  
Quarterly/Annual Visitation Report Addendum**

Facility/ Date

| Culture Change / Person Centered Thinking   | Comments/Responses   |
|---|--|
| <p><b>1. Directed to residents –</b></p> <p>a. What is one thing you would change here to make your life better?</p> <p>b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed?</p> <p>c. What's important to you while dining?</p> <p>d. What would make your dining experience here more like home?</p> <p>e. Is listening to music something you've enjoyed?</p>   | <p>Family visits</p> <p>Sometimes</p> <p>Good food</p> <p>No Response</p> <p>yes</p> |
| <p><b>2. Directed to the administrator or supervisor-in-charge</b></p> <p>a. What are you doing to incorporate residents' wants and needs in every aspect of their lives and assure a home-like environment?</p> <p>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</p> <p>c. What are you doing to make the dining experience a pleasant one for your residents?</p> <p>d. Are you offering personalized music to your residents?</p> | <p>If possible</p> <p>Using fresh-home grown food when available</p> <p>yes</p>      |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

|  |   |  |
|--|---|--|
| County<br><b>Moore</b>   | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input type="checkbox"/> Nursing Home | Facility Name: <b>Fox Hollow</b><br><br>Census: <b>64</b>        |
| Visit Date and day of the week<br><b>2/11/16</b>   | Time spent in facility<br><b>1</b> hours <b></b> minutes  | Arrival time<br><b>10:00 am</b>                                  |
| Name of person(s) with whom exit interview was held<br><b>Nydia Brooks</b>   |   | Interview was held <input checked="" type="checkbox"/> in person |
| Committee members present:<br><b>Jane Robinson, Leah Brannan</b>   |   |  |
| Number of residents who received personal visits from committee members<br><b>6-8</b>                                |   | Report completed by:<br><b>Jane Robinson</b>                     |
| Resident Rights information is clearly posted?<br><b>Yes</b>   | Ombudsman contact information is correct and clearly posted:<br><b>Yes</b>  |  |
| The most recent survey was readily accessible<br>(Required for NHs only – record date of most recent survey posted): | Staffing information clearly posted?<br><b>Yes</b>  |  |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations<br>(please number comments) |
|--|------------------|---|
| 1. Do the residents appear neat, clean and odor free?  | Yes              |   |
| 2. Did residents say they receive assistance with personal care activities? (i.e. 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?   | 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              |   |
| 5a. Did staff members wear nametags that are easily read by residents and visitors?  | Yes              |   |
| 6. Did you observe restraints in use?  | NO               |   |
| 7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)                                       |                  |   |

| Resident Living Accommodations   | Yes<br>No<br>N/A | Comments/Other Observations<br>(please number comments) |
|--|------------------|---|
| 8. Did residents describe their living environment as homelike?                  | Yes              |   |
| 9. Did you notice unpleasant odors?  | NO               |   |
| 10. Did you see items that could cause harm or be hazardous?                     | NO               |   |
| 10a. Were unattended med carts locked?   | Yes              |   |
| 10b. Were bathrooms clean, odor-free and free from hazards?                      | Yes              |   |
| 10c. Were rooms containing hazardous materials locked?                           | Yes              |   |
| 11. Did residents feel their living areas were kept at a reasonable noise level? | N/A              |   |
| 12. Does the facility accommodate smokers?                                       | Yes              |   |
| 12a. Where? (Outside / inside / both)  |                  |   |
| 13. Were residents able to reach their call bells with ease?                     | N/A              |   |
| 14. Did staff answer call bells in a timely & courteous manner?                  |                  |   |
| 14a. If no, did you share this with the administrative staff?                    |                  |   |

\*\*\* N/A equals not applicable, not asked, not observed

**Community Advisory Committee  
Quarterly/Annual Visitation Report Addendum B**

Facility / Date:

| Culture Change / Person Centered Thinking  | Comments/Responses   |
|--|--|
| <p><b>1. Directed to residents –</b></p> <ul style="list-style-type: none"> <li>a. Other than going home, what is one thing you would change here to make your life better?</li> <li>b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed?</li> <li>c. What's important to you while dining?</li> <li>d. What would make your dining experience here more like home?</li> </ul>                    | <p align="center"><i>Residents here enjoy<br/>their eating experience</i></p> <p align="center"><i>Dining room always<br/>attractive</i></p> |
| <p><b>2. Directed to the administrator or supervisor-in-charge</b></p> <ul style="list-style-type: none"> <li>a. What are you doing to incorporate residents' wants and needs in every aspect of their lives and assure a home- like environment?</li> <li>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</li> <li>c. What are you doing to make the dining experience a pleasant one for your residents?</li> </ul> |  |
|  |  |
|  |  |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

*This was meant to be a*

|  |  |   |
|--|--|---|
| County<br><i>Moore</i>   | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input checked="" type="checkbox"/> Nursing Home | Facility Name:<br><i>Pine Lake</i><br>Census - current/licensed:<br><i>friendly visit</i> |
| Visit Date and day of the week<br><i>2/10/16</i>                         | Time spent in facility<br><i>1</i> hours <i>15</i> minutes   | Arrival time<br><i>10:45 - 12</i>   |
| Name of person(s) with whom exit interview was held<br><i>JAN Powers</i> |  | Interview was held <input checked="" type="checkbox"/> in person                          |

Committee members present: *Meindl, Schillaci*

|   |                                   |
|---|-----------------------------------|
| Number of residents who received personal visits from committee members<br><i>4</i> | Report completed by:<br><i>HS</i> |
|---|-----------------------------------|

|  |  |
|--|--|
| Resident Rights information is clearly posted?<br><i>yes</i> | Ombudsman contact information is correct and clearly posted:<br><i>yes</i> |
|--|--|

|   |  |
|---|--|
| The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted):<br><i>N/A</i> | Staffing information clearly posted?<br><i>N/A</i> |
|---|--|

| Resident Profile<br><i>Staff friendly</i>  | Yes<br>No<br>N/A | Comments/Other Observations (please number comments)  |
|--|------------------|---|
| 1. Do the residents appear neat, clean and odor free?  | <i>No</i>        | <i>odor from 200 hall - poss. from Resident in wheel chair<br/>AM care was still being done @ 12 NOON</i> |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | <i>N/A</i>       |   |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | <i>N/A</i>       | <i>friendly staff<br/>one resident unable to clearly communicate had his son visiting</i>                 |
| 4. Were residents interacting with staff, other residents & visitors?  | <i>yes</i>       |   |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | <i>N/A</i>       |   |
| 5a Did staff members wear nametags that are easily read by residents and visitors?   | <i>N/A</i>       |   |
| 6. Did you observe restraints in use?  | <i>N/A</i>       |   |
| 7. If so, did you ask staff about the facility's restraint policies?   | <i>N/A</i>       |   |
| Note: Do not ask about confidential information without consent  |                  |   |

| Resident Living Accommodations  | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|---|------------------|--|
| 8. Did residents describe their living environment as homelike?   | <i>N/A</i>       | <i>200 hall</i>                                      |
| 9. Did you notice unpleasant odors?   | <i>yes</i>       |  |
| 10. Did you see items that could cause harm or be hazardous?  | <i>N/A</i>       |  |
| 10a. Were unattended med carts locked?  | <i>N/A</i>       |  |
| 10b. Were bathrooms clean, odor-free and free from hazards?   | <i>N/A</i>       |  |
| 10c. Were rooms containing hazardous materials locked?  | <i>N/A</i>       |  |
| 11. Did residents feel their living areas were kept at a reasonable noise level?                                    | <i>N/A</i>       |  |
| 12. Does the facility accommodate smokers?<br>Note: By regulation smoking is only permitted outside of the Building | <i>yes</i>       |  |
| 13. Were residents able to reach their call bells with ease?  |                  |  |
| 14. Did staff answer call bells in a timely & courteous manner?   | <i>NO</i>        |  |
| 14a If no, did you share this with the administrative staff?  |                  |  |

\*\*\* N/A equals not applicable, not asked, not observed

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments)   |
|---|------------------|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?     | N/A              | <p>resident c/o inconsistent meal times</p> <p>resident c/o refric. being denied her after she had it in her RM for a long time. No micro in RM either</p> |
| 15a. Was a current activity calendar posted in the facility?  | yes              |  |
| 15b. Were activities scheduled to occur at the time of your visit actually occurring?                             | N/A              |  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | N/A              |  |
| 16a. Can residents access their monthly needs funds at their convenience?   | N/A              |  |
| 17. Are residents asked their preferences about meal & snack choices?   | N/A              |  |
| 17a. Are they given a choice about where they prefer to dine?   | N/A              |  |
| 17b. Did residents express positive opinions regarding their dining experience?                                   | —                |  |
| 17c. Is fresh ice water available and provided to residents?  | N/A              |  |
| 18. Do residents have privacy in making and receiving phone calls?  | N/A              |  |
| 19. Is there evidence of community involvement from other Civic, volunteer or religious groups?                   | N/A              |  |
| 20. Does the facility have a functioning: Resident's Council?<br>Family Council?                                  |                  |  |

| Areas of Concern  | 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>Resident with no mobility. <del>limited</del> limited communication skills. Son visiting said it was difficult to reposition him because of his contractures.</p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>① Questioned the positioning policy and the need for good skin care.</p> <p>② Resident c/o refric &amp; microwave no longer allowed - pt was upset because she had always had the use before. Adm. said this was their new policy.</p> <p>③ c/o inconsistent meal times.</p> <p>④ Town mtgs for staff - Adm was expected to begin competitive objectives with prizes for the staff</p> <p>changing bedrooms to pair one person who can use a bath room with a person who cannot use it.</p> |

|   |  |  |
|---|--|--|
| County<br><i>Moore</i>  | Facility Type<br><input type="checkbox"/> Family Care Home<br><input checked="" type="checkbox"/> Adult Care Home<br><input type="checkbox"/> Nursing Home | Facility Name: <i>Lara</i><br>Census: <i>71/80</i>               |
| Visit Date and day of the week<br><i>Wed. 2/10/16</i>   | Time spent in facility<br>hours <i>45</i> minutes  | Arrival time<br><i>12:15 PM</i>                                  |
| Name of person(s) with whom exit interview was held<br><i>Laura Oldham, NAA</i>                                   |  | Interview was held <input checked="" type="checkbox"/> in person |
| Committee members present:<br><i>Schillner, Meindl</i>  |  |  |
| Number of residents who received personal visits from committee members<br><i>Five</i>                            |  | Report completed by:<br><i>M. Meindl</i>                         |
| Resident Rights information is clearly posted? <i>yes</i>   | Ombudsman contact information is correct and clearly posted: <i>yes</i>  |  |
| The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted): | Staffing information clearly posted?<br><i>NA</i>  |  |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations<br>(please number comments)          |
|--|------------------|--|
| 1. Do the residents appear neat, clean and odor free?  | <i>no</i>        | <i>1. One resident had a badly stained shirt at lunch table.</i> |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | <i>yes</i>       |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | <i>N/A</i>       |  |
| 4. Were residents interacting with staff, other residents & visitors?  | <i>yes</i>       |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | <i>N/A</i>       |  |
| 5a. Did staff members wear nametags that are easily read by residents and visitors?  | <i>some</i>      |  |
| 6. Did you observe restraints in use?  | <i>no</i>        |  |
| 7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)                                       |                  |  |

| Resident Living Accommodations   | Yes<br>No<br>N/A | Comments/Other Observations<br>(please number comments)                  |
|--|------------------|--|
| 8. Did residents describe their living environment as homelike?                  | <i>N/A</i>       | <i>10. Prayed carpeting in some corridors. Also corrected in future.</i> |
| 9. Did you notice unpleasant odors?  | <i>no</i>        |  |
| 10. Did you see items that could cause harm or be hazardous?                     | <i>yes</i>       |  |
| 10a. Were unattended med carts locked?   | <i>yes</i>       |  |
| 10b. Were bathrooms clean, odor-free and free from hazards?                      | <i>yes</i>       |  |
| 10c. Were rooms containing hazardous materials locked?                           | <i>yes</i>       |  |
| 11. Did residents feel their living areas were kept at a reasonable noise level? | <i>N/A</i>       |  |
| 12. Does the facility accommodate smokers?                                       | <i>yes</i>       |  |
| 12a. Where? (Outside / inside / both)  | <i>yes</i>       |  |
| 13. Were residents able to reach their call bells with ease?                     | <i>yes</i>       |  |
| 14. Did staff answer call bells in a timely & courteous manner?                  | <i>yes</i>       |  |
| 14a. If no, did you share this with the administrative staff?                    |                  |  |

\*\*\* N/A equals not applicable, not asked, not observed

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations<br>(please number comments)   |
|---|------------------|---|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | yes              | <p>15b. We were there at lunch times for most residents at their table.</p> <p>17a. Most are in the dining room.</p> <p>17c. Some positive. This day, amounts of food left on plates.</p> |
| 15a. Was a current activity calendar posted in the facility?  | yes              |   |
| 15b. Were activities scheduled to occur at the time of your visit actually occurring?   | no               |   |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?   | N/A              |   |
| 16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs) | N/A              |   |
| 17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)                                 | yes              |   |
| 17a. Are they given a choice about where they prefer to dine?   | yes              |   |
| 17b. Did residents express positive opinions regarding their dining experience (the food provided)?   | Some             |   |
| 17c. Is fresh ice water available and provided to residents?  | N/A              |   |
| 18. Do residents have privacy in making and receiving phone calls?  | yes              |   |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?   | yes              |   |
| 20. Does the facility have a functioning: <u>Resident's Council?</u><br>Family Council?   |                  |   |

| Areas of Concern   | 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><i>no issues for follow up</i></p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p><i>Discussed recent laundry fire with NHA, and its rapid resolution.</i></p> |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

|   |  |   |
|---|--|---|
| County<br><i>Moore</i>  | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input checked="" type="checkbox"/> Nursing Home | Facility Name:<br><i>Pinehurst NSG</i><br><i>72 / 144</i><br>Census – current/licensed: |
| Visit Date and day of the week<br><i>1/20/16 Wed.</i>   | Time spent in facility<br><i>1</i> hours      minutes  | Arrival time<br><i>11:25</i>  |
| Name of person(s) with whom exit interview was held<br><i>Thad Morgan, Adm.</i>   |  | Interview was held <input checked="" type="checkbox"/> in person                        |
| Committee members present:<br><i>Meinold, Schillaci</i>   |  |   |
| Number of residents who received personal visits from committee members<br><i>6</i>   |  | Report completed by:<br><i>Heleen Schellace</i>   |
| Resident Rights information is clearly posted?<br><i>Yes</i>  | Ombudsman contact information is correct and clearly posted:<br><i>Yes.</i>  |   |
| The most recent survey was readily accessible<br>(Required for NHs only – record date of most recent survey posted) :<br><i>N/A</i> | Staffing information clearly posted?<br><i>N/A.</i>  |   |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 1. Do the residents appear neat, clean and odor free?  | <i>yes</i>       |  |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | <i>N/A.</i>      |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | <i>N/A.</i>      |  |
| 4. Were residents interacting with staff, other residents & visitors?  | <i>yes</i>       |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | <i>N/A.</i>      |  |
| 5a Did staff members wear nametags that are easily read by residents and visitors?   | <i>N/A.</i>      |  |
| 6. Did you observe restraints in use?  | <i>NO</i>        |  |
| 7. If so, did you ask staff about the facility's restraint policies?<br>Note: Do not ask about confidential information without consent                                      | <i>—</i>         |  |

| Resident Living Accommodations  | Yes<br>No<br>N/A | Comments/Other Observations (please number comments)                            |
|---|------------------|---|
| 8. Did residents describe their living environment as homelike?   | <i>No.</i>       | <i>- when asked residents say it is not like home but it is the best option</i> |
| 9. Did you notice unpleasant odors?   | <i>No.</i>       |   |
| 10. Did you see items that could cause harm or be hazardous?  | <i>NO.</i>       |   |
| 10a. Were unattended med carts locked?  | <i>yes</i>       |   |
| 10b. Were bathrooms clean, odor-free and free from hazards?   | <i>yes</i>       |   |
| 10c. Were rooms containing hazardous materials locked?  | <i>yes</i>       |   |
| 11. Did residents feel their living areas were kept at a reasonable noise level?                                    | <i>yes.</i>      |   |
| 12. Does the facility accommodate smokers?<br>Note: By regulation smoking is only permitted outside of the Building | <i>yes</i>       |   |
| 13. Were residents able to reach their call bells with ease?  | <i>yes.</i>      |   |
| 14. Did staff answer call bells in a timely & courteous manner?   | <i>yes</i>       |   |
| 14a If no, did you share this with the administrative staff?  | <i>—</i>         |   |

\*\*\* N/A equals not applicable, not asked, not observed

Facility / Date:

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments)                                       |
|---|------------------|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?     | —                | via Resident Council   |
| 15a. Was a current activity calendar posted in the facility?  | yes              |  |
| 15b. Were activities scheduled to occur at the time of your visit actually occurring?                             | No               | — it was lunch time  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | yes              | can go to walmart  |
| 16a. Can residents access their monthly needs funds at their convenience?   | yes              |  |
| 17. Are residents asked their preferences about meal & snack choices?   | N/A.             |  |
| 17a. Are they given a choice about where they prefer to dine?   | yes              | — encouraged to eat in D.R.  |
| 17b. Did residents express positive opinions regarding their dining experience?                                   | yes              | — many residents + guest said food was good.   |
| 17c. Is fresh ice water available and provided to residents?  | N/A.             |  |
| 18. Do residents have privacy in making and receiving phone calls?  | N/A.             |  |
| 19. Is there evidence of community involvement from other Civic, volunteer or religious groups?                   | —                | NOT observed but one resident mentioned several groups that came during Christmas holidays |
| 20. Does the facility have a functioning: Resident's Council?<br>Family Council?                                  | yes<br>N/A.      |  |

| Areas of Concern   | 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> <hr/> <p>No issues of concern noted</p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <hr/> <p>The residents appear well cared for and content with their care in this facility according to the six interactions we had. Adm. is open to discussing any and all issues of this facility, generally involving staff.</p> |

**Quarterly/Annual Visitation Report**

|   |  |   |
|---|--|---|
| County: <i>Moore</i>  | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input checked="" type="checkbox"/> Nursing Home | Facility Name: <i>Truist Haven</i><br>Census: <i>41/60 Cottages/Bldg 6/16</i> |
| Visit Date and day of the week:<br><i>Wed. 2/10/16 1/20/16</i>  | Time spent in facility<br>1 hours          minutes   | Arrival time:<br><i>10:30</i>   |
| Name of person(s) with whom exit interview was held<br><i>Angela Paulina, RHA Corporate in Westborough</i>                      |  | Interview was held <input checked="" type="checkbox"/> in person              |
| Committee members present:<br><i>Schillaci, Mendel</i>  |  |   |
| Number of residents who received personal visits from committee members<br><i>seven</i>   |  | Report completed by:<br><i>M. Mendel</i>                                      |
| Resident Rights information is clearly posted?<br><i>yes</i>  | Ombudsman contact information is correct and clearly posted:<br><i>yes</i>   |   |
| The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted):<br><i>N/A</i> | Staffing information clearly posted?<br><i>N/A</i>   |   |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations<br>(please number comments) |
|--|------------------|---|
| 1. Do the residents appear neat, clean and odor free?  | <i>yes</i>       |   |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | <i>N/A</i>       |   |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | <i>no</i>        |   |
| 4. Were residents interacting with staff, other residents & visitors?  | <i>yes</i>       |   |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | <i>N/A</i>       |   |
| 5a. Did staff members wear nametags that are easily read by residents and visitors?  | <i>some</i>      |   |
| 6. Did you observe restraints in use?  | <i>no</i>        |   |
| 7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)                                       |                  |   |

| Resident Living Accommodations   | Yes<br>No<br>N/A | Comments/Other Observations<br>(please number comments) |
|--|------------------|---|
| 8. Did residents describe their living environment as homelike?                  | <i>Home</i>      | <i>8. pleased with facility &amp; care</i>              |
| 9. Did you notice unpleasant odors?  | <i>no</i>        |   |
| 10. Did you see items that could cause harm or be hazardous?                     | <i>no</i>        |   |
| 10a. Were unattended med carts locked?   | <i>yes</i>       |   |
| 10b. Were bathrooms clean, odor-free and free from hazards?                      | <i>yes</i>       |   |
| 10c. Were rooms containing hazardous materials locked?                           | <i>yes</i>       |   |
| 11. Did residents feel their living areas were kept at a reasonable noise level? | <i>N/A</i>       |   |
| 12. Does the facility accommodate smokers?                                       | <i>N/A</i>       |   |
| 12a. Where? (Outside / inside / both)  | <i>N/A</i>       |   |
| 13. Were residents able to reach their call bells with ease?                     | <i>yes</i>       |   |
| 14. Did staff answer call bells in a timely & courteous manner?                  | <i>yes</i>       |   |
| 14a. If no, did you share this with the administrative staff?                    |                  |   |

*Jacily Hauer 1/20/16*

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations<br>(please number comments) |
|---|------------------|---|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | <i>yes</i>       |   |
| 15a. Was a current activity calendar posted in the facility?  | <i>yes</i>       |   |
| 15b. Were activities scheduled to occur at the time of your visit actually occurring?   | <i>no</i>        |   |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?   | <i>N/A</i>       |   |
| 16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs) | <i>N/A</i>       |   |
| 17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)                                 | <i>yes</i>       |   |
| 17a. Are they given a choice about where they prefer to dine?   | <i>yes</i>       | <i>17a. most in dining room.</i>                        |
| 17b. Did residents express positive opinions regarding their dining experience (the food provided)?   | <i>yes</i>       |   |
| 17c. Is fresh ice water available and provided to residents?  | <i>yes</i>       | <i>18. most have cell phones</i>                        |
| 18. Do residents have privacy in making and receiving phone calls?  | <i>N/A</i>       |   |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?   | <i>yes</i>       |   |
| 20. Does the facility have a functioning: <u>Resident's Council?</u><br>Family Council?   | <i>yes</i>       |   |

| Areas of Concern  | Exit Summary   |
|---|--|
| <p data-bbox="87 1140 820 1209">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p data-bbox="87 1209 820 1539"><i>no issues for follow up.</i></p> | <p data-bbox="820 1140 1526 1314">Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p data-bbox="820 1314 1526 1539"><i>Lengthy discussion with NHA and Corporate rep. about transition from non-profit to for-profit status.</i></p> |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

|  |  |   |
|--|--|---|
| County:<br><b>Moore</b>  | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input checked="" type="checkbox"/> Nursing Home | Facility Name:<br><i>Sand Hills Memory Care</i><br>Census: <i>15 Memory Care; 16 Ass't Living</i><br><i>Capacity = 60</i> |
| Visit date and day of the week<br><i>Jan. 20, 2016, Wed.</i>   | Time spent in facility<br>hours <i>50</i> minutes  | Arrival time<br><i>2 PM</i>   |
| Name of person(s) with whom exit interview was held<br><i>Memory Care Director</i>   |  | Interview was held <input checked="" type="checkbox"/> in person  |
| Committee members present:   |  |   |
| Number of residents who received personal visits from committee members<br><i>2</i>  | Report completed by:   |   |
| Resident Rights information is clearly posted? <i>yes</i>  | Ombudsman contact information is correct and clearly posted: <i>yes</i>  |   |
| The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted): <i>N/A</i> | Staffing information clearly posted? <i>N/A</i>  |   |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 1. Do the residents appear neat, clean and odor free?  | <i>yes</i>       |  |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | <i>yes</i>       |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | <i>yes</i>       |  |
| 4. Were residents interacting with staff, other residents & visitors?  | <i>yes</i>       |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | <i>yes</i>       |  |
| 5a Did staff members wear nametags that are easily read by residents and visitors?   | <i>yes</i>       |  |
| 6. Did you observe restraints in use?  | <i>no</i>        |  |
| 7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)                                       |                  |  |

| Resident Living Accommodations   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments)   |
|--|------------------|--|
| 8. Did residents describe their living environment as homelike?                  | <i>N/A</i>       |  |
| 9. Did you notice unpleasant odors?  | <i>no</i>        | <i>fish smell!</i>   |
| 10. Did you see items that could cause harm or be hazardous?                     | <i>no</i>        |  |
| 10a. Were unattended med carts locked?   | <i>yes</i>       |  |
| 10b. Were bathrooms clean, odor-free and free from hazards?                      | <i>no</i>        | <i>200 hall bathroom towels on floor. Todd would be taken care of after CNA had resident back in room. A common procedure.</i> |
| 10c. Were rooms containing hazardous materials locked?                           | <i>N/A</i>       |  |
| 11. Did residents feel their living areas were kept at a reasonable noise level? | <i>N/A</i>       |  |
| 12. Does the facility accommodate smokers?                                       | <i>yes</i>       |  |
| 12a Where? (Outside) inside / both   | <i>yes</i>       |  |
| 13. Were residents able to reach their call bells with ease?                     | <i>N/A</i>       |  |
| 14. Did staff answer call bells in a timely & courteous manner?                  | <i>N/A</i>       |  |
| 14a If no, did you share this with the administrative staff?                     |                  |  |

\*\* N/A equals not applicable, not asked, not observed

Facility / Date: Sand Hills Memory Care; 9/20/16

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments)   |
|---|------------------|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | N/A              | Bible Study. No one there!<br><br>Very nice dining room setup. (One for Memory Care and one for Ass't living residents.) |
| 15a Was a current activity calendar posted in the facility?   | yes              |  |
| 15b Were activities scheduled to occur at the time of your visit actually occurring?  | yes              |  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?   | N/A              |  |
| 16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay full cost OTC drugs) | N/A              |  |
| 17. Are residents asked their preferences about meal & Snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)                             | N/A              |  |
| 17a. Are they given a choice about where they prefer to dine?   | N/A              |  |
| 17b. Did residents express positive opinions regarding their dining experience (the food provided)?   | N/A              |  |
| 17c. Is fresh ice water available and provided to residents?  | 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?   |                  |  |
| 20. Does the facility have a functioning: Resident's Council?<br>Family Council?  |                  |  |

| Areas of Concern   | 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>Memory Care Unit. Some beds unmade because residents get in and out whenever during the day.</p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>Clean fresh and everyone seemed to be taken care of<br/>Several therapists in building.<br/>*One reported everytime he is here lots going on. "Really a good facility."</p> |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

|   |   |   |
|---|---|---|
| County:<br><b>Moore</b>   | Facility Type<br><input type="checkbox"/> Family Care Home<br><input checked="" type="checkbox"/> Adult Care Home<br><input checked="" type="checkbox"/> Nursing Home | Facility Name Fox Hollow<br>Cap. 77<br>Census 14 in Memory Care |
| Visit date and day of the week<br>January 5, 2016, Tuesday  | Time spent in facility<br>45 min..  | Arrival time<br>11:45am   |
| Name of person(s) with whom exit interview was held<br>_____, Administrator   |   | Interview was held in person<br>Yes                             |
| Committee members present:  |   |   |
| Number of residents who received personal visits from committee members<br>1 resident, LPN in Memory Care                 |   | Report completed by:  |
| Resident Rights information is clearly posted? Yes  | Ombudsman contact information is correct and clearly posted: Yes  |   |
| The most recent survey was readily accessible<br>(Required for NHs only – record date of most recent survey posted) : N/A | Staffing information clearly posted At the nurses' station N/A  |   |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 1. Do the residents appear neat, clean and odor free?  | Yes              |  |
| 2. Did residents say they receive assistance with personal care activities? (i.e. 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?  | Yes              |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | Yes              |  |
| 5a Did staff members wear nametags that are easily read by residents and visitors?   | Yes              |  |
| 6. Did you observe restraints in use?  | No               |  |
| 7. If so, did you ask staff about the facility's restraint policies?<br>(note: Do not ask about confidential information without consent)                                    |                  |  |

| Resident Living Accommodations   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 8. Did residents describe their living environment as homelike?                  | N/A              |  |
| 9. Did you notice unpleasant odors?  | No               |  |
| 10. Did you see items that could cause harm or be hazardous?                     | No               |  |
| 10a. Were unattended med carts locked?   | Yes              |  |
| 10b. Were bathrooms clean, odor-free and free from hazards?                      | Yes              |  |
| 10c. Were rooms containing hazardous materials locked?                           | Yes              |  |
| 11. Did residents feel their living areas were kept at a reasonable noise level? | N/A              |  |
| 12. Does the facility accommodate smokers?                                       | N/A              |  |
| 12a Where? (Outside / inside / both)   |                  |  |
| 13. Were residents able to reach their call bells with ease?                     | N/A              |  |
| 14. Did staff answer call bells in a timely & courteous manner?                  | N/A              |  |
| 14a If no, did you share this with the administrative staff?                     |                  |  |

\*\*\* N/A equals not applicable, not asked, not observed

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|---|------------------|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | N/A              |  |
| 15a Was a current activity calendar posted in the facility?   | Yes              |  |
| 15b Were activities scheduled to occur at the time of your visit actually occurring?  | No               |  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?   | N/A              |  |
| 16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay full cost OTC drugs) | N/A              |  |
| 17. Are residents asked their preferences about meal & Snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)                             | N/A              |  |
| 17a. Are they given a choice about where they prefer to dine?   | Yes              |  |
| 17b. Did residents express positive opinions regarding their dining experience (the food provided)?   |                  |  |
| 17c. Is fresh ice water available and provided to residents?  | N/A              |  |
| 18. Do residents have privacy in making and receiving phone calls?  | N/A              |  |
| 19. Is there evidence of community involvement from other Civic, volunteer or religious groups?   | Yes              |  |
| 20. Does the facility have a functioning: Resident's Council?<br>Family Council?  | Yes<br>Yes       |  |

~~Residents~~

| Areas of Concern  | Exit Summary  |
|---|---|
| Are there resident issues or topics that need follow-up or review at a later time or during the next visit? | Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?   |
| None  | We met with ~ ~ ~ to tell her everything looked good and we had a positive conversation with LPN in Memory Care The residents in Memory Care were eating lunch in their dining room and it is served family style. Everyone was eating and the food looked good and smelled good. |
| <b>EXIT INTERVIEW:</b>  |   |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

|  |  |                                      |
|--|--|--------------------------------------|
| County:<br><b>Moore</b>  | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input checked="" type="checkbox"/> Nursing Home | Facility Name<br>Kingswood<br>Census |
| Visit date and day of the week<br>1/6/16, Tuesday  | Time spent in facility<br>2 hours  | Arrival time<br>9:30AM               |
| Name of person(s) with whom exit interview was held<br><u>social Worker</u>  |  | Interview was held in person<br>Yes  |
| Committee members present  |  |                                      |
| Number of residents who received personal visits from committee members<br>12  |  | Report completed by:                 |
| Resident Rights information is clearly posted? Y   | Ombudsman contact information is correct and clearly posted: Y   |                                      |
| The most recent survey was readily accessible Y<br>(Required for NHs only – record date of most recent survey posted) : 3/15 | Staffing information clearly posted At the nurses' station<br>N/A  |                                      |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 1. Do the residents appear neat, clean and odor free?  | Y                |  |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | N/A              |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | Y                |  |
| 4. Were residents interacting with staff, other residents & visitors?  | Y                |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | N/A              |  |
| 5a Did staff members wear nametags that are easily read by residents and visitors?   | Y                |  |
| 6. Did you observe restraints in use?  | N                |  |
| 7. If so, did you ask staff about the facility's restraint policies?<br>(note: Do not ask about confidential information without consent)                                    |                  |  |

| Resident Living Accommodations   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 8. Did residents describe their living environment as homelike?                  | N/A              |  |
| 9. Did you notice unpleasant odors?  | N                |  |
| 10. Did you see items that could cause harm or be hazardous?                     | N                |  |
| 10a. Were unattended med carts locked?   | N                |  |
| 10b. Were bathrooms clean, odor-free and free from hazards?                      | N/A              |  |
| 10c. Were rooms containing hazardous materials locked?                           | N/A              |  |
| 11. Did residents feel their living areas were kept at a reasonable noise level? | N/A              |  |
| 12. Does the facility accommodate smokers?                                       | N/A              |  |
| 12a Where? (Outside / inside / both)   |                  |  |
| 13. Were residents able to reach their call bells with ease?                     | Y                |  |
| 14. Did staff answer call bells in a timely & courteous manner?                  | N/A              |  |
| 14a If no, did you share this with the administrative staff?                     |                  |  |

\*\*\* N/A equals not applicable, not asked, not observed

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments)  |
|---|------------------|---|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | N/A              |   |
| 15a Was a current activity calendar posted in the facility?   | Y                |   |
| 15b Were activities scheduled to occur at the time of your visit actually occurring?  | Y                |   |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?   | N/A              |   |
| 16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay full cost OTC drugs) | N/A              |   |
| 17. Are residents asked their preferences about meal & Snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)                             | N                |   |
| 17a. Are they given a choice about where they prefer to dine?   | Y                |   |
| 17b. Did residents express positive opinions regarding their dining experience (the food provided)?   |                  |   |
| 17c. Is fresh ice water available and provided to residents?  | N/A              |   |
| 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                | Snacks given to residents, not asked preferences.<br><br>Resident stated she and several other residents prefer to eat in room. |
| 20. Does the facility have a functioning: Resident's Council?<br>Family Council?  |                  | Residents may use cell phones.<br><br>Residents   |

| Areas of Concern   | 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>Residents not understanding they have alternative food menus. Snacks given to residents not asked preferences.</p> <p><b>EXIT INTERVIEW:</b></p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>Dietary Mgr. at Exit Meeting said he will address the residents understanding alternative menu and snack preferences.</p> <p>Good Housekeeping</p> <p>Cell phone sign will be changed to add "staff not allowed to use cell phones" in facility</p> <p>Discussed residents that do not have family/visitors.</p> |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

|   |  |  |
|---|--|--|
| County Moore  | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input checked="" type="checkbox"/> Nursing Home | Facility Name: St. Joseph<br><br>Census – current/licensed: 154  |
| Visit Date and day of the week<br>Feb. 2, 2016 Tues.  | Time spent in facility<br>1 hours 30 minutes   | Arrival time 9:45  |
| Name of person(s) with whom exit interview was held   |  | Interview was held <input checked="" type="checkbox"/> in person |
| Committee members present:  |  |  |
| Number of residents who received personal visits from committee members 10  |  | Report completed by:   |
| Resident Rights information is clearly posted? Yes  | Ombudsman contact information is correct and clearly posted: Yes   |  |
| The most recent survey was readily accessible N/A<br>(Required for NHs only – record date of most recent survey posted) : | Staffing information clearly posted? yes   |  |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 1. Do the residents appear neat, clean and odor free?  | Yes              | 9. Odor in 800 hall                                  |
| 2. Did residents say they receive assistance with personal care activities? (i.e. 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?  | yes              |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | yes              |  |
| 5a Did staff members wear nametags that are easily read by residents and visitors?   | yes              |  |
| 6. Did you observe restraints in use?  | no               |  |
| 7. If so, did you ask staff about the facility's restraint policies?<br>Note: Do not ask about confidential information without consent                                      |                  |  |

| Resident Living Accommodations  | Yes<br>No<br>N/A | Comments/Other Observations (please number comments)  |
|---|------------------|---|
| 8. Did residents describe their living environment as homelike?   | yes              | 12. Smoke Free Campus<br>14. Resident in 600 hall waited 1 ½ hrs. for Call bell to be answered. |
| 9. Did you notice unpleasant odors?   | yes              |   |
| 10. Did you see items that could cause harm or be hazardous?  | no               |   |
| 10a. Were unattended med carts locked?  | yes              |   |
| 10b. Were bathrooms clean, odor-free and free from hazards?   | no               |   |
| 10c. Were rooms containing hazardous materials locked?  | yes              |   |
| 11. Did residents feel their living areas were kept at a reasonable noise level?                                    | yes              |   |
| 12. Does the facility accommodate smokers?<br>Note: By regulation smoking is only permitted outside of the Building | See note         |   |
| 13. Were residents able to reach their call bells with ease?  | yes              |   |

|   |          |  |
|---|----------|--|
| 14. Did staff answer call bells in a timely & courteous manner? | See note |  |
| 14a If no, did you share this with the administrative staff?    | yes      |  |

\*\*\* N/A equals not applicable, not asked, not observed

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|---|------------------|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?     | yes              |  |
| 15a. Was a current activity calendar posted in the facility?  | yes              |  |
| 15b. Were activities scheduled to occur at the time of your visit actually occurring?                             | N/A              |  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | N/A              |  |
| 16a. Can residents access their monthly needs funds at their convenience?   | N/A              |  |
| 17. Are residents asked their preferences about meal & snack choices?   | yes              |  |
| 17a. Are they given a choice about where they prefer to dine?   | yes              |  |
| 17b. Did residents express positive opinions regarding their dining experience?                                   | yes              |  |
| 17c. Is fresh ice water available and provided to residents?  | 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 functioning: Resident's Council?<br>Family Council?                                  | Yes<br>yes       |  |

| Areas of Concern  | 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>Delay in answering call bell of 1 ½ hr.<br/>800 hall spa bath needed attention<br/>Phones of workers being used during work hours</p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>.....<br/>that 800 hall spa is addressed.</p> <p>She will address the issue in 600 hall with the nurse supervisor of all the shifts and they in turn will speak to all the residents on 600 hall and assure them that the time issue is being addressed and that they should not be afraid to report such issues.</p> <p>She will also address the issue of workers using cell phones and other phones during working hours.</p> <p>2b. last page. They are providing consistent -assignment of caregivers to residents .</p> |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

*Friendly visit*

|   |   |   |
|---|---|---|
| County<br><i>Moore County</i>   | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input checked="" type="checkbox"/> Nursing Home <i>And Lowry</i> | Facility Name:<br><i>Lowry</i>  |
| Visit Date and day of the week<br><i>Thurs. Jan 7, 2014</i>   | Time spent in facility<br><i>1 hours 15 minutes</i>   | Census - current/licensed: <i>40</i><br>Arrival time<br><i>11 15 AM</i> |
| Name of person(s) with whom exit interview was held   | Interview was held <input checked="" type="checkbox"/> in person  |   |
| Committee members present:  |   |   |
| Number of residents who received personal visits from committee members<br><i>8</i>   | Report completed by:  |   |
| Resident Rights information is clearly posted?<br><i>yes</i>  | Ombudsman contact information is correct and clearly posted:<br><i>yes</i>  |   |
| The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted): <i>on request</i> | Staffing information clearly posted?<br><i>on request</i>   |   |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 1. Do the residents appear neat, clean and odor free?  | <i>yes</i>       |  |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | <i>yes</i>       |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | <i>yes</i>       |  |
| 4. Were residents interacting with staff, other residents & visitors?  | <i>yes</i>       |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | <i>yes</i>       |  |
| 5a Did staff members wear nametags that are easily read by residents and visitors?   | <i>yes</i>       |  |
| 6. Did you observe restraints in use?  | <i>-</i>         |  |
| 7. If so, did you ask staff about the facility's restraint policies?<br>Note: Do not ask about confidential information without consent                                      | <i>-</i>         |  |

| Resident Living Accommodations  | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|---|------------------|--|
| 8. Did residents describe their living environment as homelike?   | <i>yes</i>       | <i>- O.K.</i>  |
| 9. Did you notice unpleasant odors?   | <i>no</i>        |  |
| 10. Did you see items that could cause harm or be hazardous?  | <i>no</i>        |  |
| 10a. Were unattended med carts locked?  | <i>yes</i>       |  |
| 10b. Were bathrooms clean, odor-free and free from hazards?   | <i>yes</i>       |  |
| 10c. Were rooms containing hazardous materials locked?  | <i>yes</i>       |  |
| 11. Did residents feel their living areas were kept at a reasonable noise level?                                    | <i>yes</i>       |  |
| 12. Does the facility accommodate smokers?<br>Note: By regulation smoking is only permitted outside of the Building | <i>-</i>         | <i>outside</i>                                       |
| 13. Were residents able to reach their call bells with ease?  | <i>yes</i>       | <i>- have self contained alert badge</i>             |
| 14. Did staff answer call bells in a timely & courteous manner?   | <i>yes</i>       |  |
| 14a If no, did you share this with the administrative staff?  |                  |  |

Facility / Date: Cowichy Jan 7, 2016

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|---|------------------|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?     | yes              |  |
| 15a. Was a current activity calendar posted in the facility?  | yes              |  |
| 15b. Were activities scheduled to occur at the time of your visit actually occurring?                             | yes              |  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | -                |  |
| 16a. Can residents access their monthly needs funds at their convenience?   | -                |  |
| 17. Are residents asked their preferences about meal & snack choices?   | yes - committee  |  |
| 17a. Are they given a choice about where they prefer to dine?   | yes              |  |
| 17b. Did residents express positive opinions regarding their dining experience?                                   | yes              |  |
| 17c. Is fresh ice water available and provided to residents?  | yes              |  |
| 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 functioning: Resident's Council?<br>Family Council?                                  |                  | Residents  |

| Areas of Concern   | 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> <hr/> <p><i>no complaints only praise</i></p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <hr/> |

\*\*\* N/A equals not applicable, not asked, not observed

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

*Friendly visit*

|   |  |  |
|---|--|--|
| County<br><i>Moore</i>  | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input checked="" type="checkbox"/> Nursing Home | Facility Name:<br><i>St. Joseph's</i><br>Census - current/licensed: <i>155</i> |
| Visit Date and day of the week<br><i>Thurs Jan 7, 2014</i>  | Time spent in facility<br><i>1</i> hours <i>10</i> minutes   | Arrival time<br><i>10 A.M.</i>   |
| Name of person(s) with whom exit interview was held<br><i>Dawn Wilson (unavailable to meet)</i>                                     |  | Interview was held <input type="checkbox"/> in person<br><i>—</i>              |
| Committee members present:<br><i>Leah Brennan, Jane Robinson, Judy Levarrow, Mary Lou Herre</i>                                     |  |  |
| Number of residents who received personal visits from committee members<br><i>10</i>  |  | Report completed by:<br><i>L. Brennan</i>                                      |
| Resident Rights information is clearly posted?<br><i>yes</i>  | Ombudsman contact information is correct and clearly posted:<br><i>yes</i>   |  |
| The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted): <i>on request</i> | Staffing information clearly posted?<br><i>on request</i>  |  |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments)   |
|--|------------------|--|
| 1. Do the residents appear neat, clean and odor free?  | <i>yes</i>       | <i>- one resident refused care - on our visit she wanted assistance - we alerted the staff to the change and they provided care.</i> |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | <i>yes</i>       |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | <i>yes</i>       |  |
| 4. Were residents interacting with staff, other residents & visitors?  | <i>yes</i>       |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | <i>yes</i>       |  |
| 5a Did staff members wear nametags that are easily read by residents and visitors?   | <i>yes</i>       |  |
| 6. Did you observe restraints in use?  | <i>—</i>         |  |
| 7. If so, did you ask staff about the facility's restraint policies?<br>Note: Do not ask about confidential information without consent                                      | <i>—</i>         |  |

| Resident Living Accommodations  | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|---|------------------|--|
| 8. Did residents describe their living environment as homelike?   | <i>—</i>         | <i>elts O.K.!</i>                                    |
| 9. Did you notice unpleasant odors?   | <i>no</i>        |  |
| 10. Did you see items that could cause harm or be hazardous?  | <i>no</i>        |  |
| 10a. Were unattended med carts locked?  | <i>yes</i>       |  |
| 10b. Were bathrooms clean, odor-free and free from hazards?   | <i>yes</i>       |  |
| 10c. Were rooms containing hazardous materials locked?  | <i>yes</i>       |  |
| 11. Did residents feel their living areas were kept at a reasonable noise level?                                    | <i>yes</i>       |  |
| 12. Does the facility accommodate smokers?<br>Note: By regulation smoking is only permitted outside of the Building | <i>outside</i>   |  |
| 13. Were residents able to reach their call bells with ease?  | <i>yes</i>       |  |
| 14. Did staff answer call bells in a timely & courteous manner?   | <i>yes</i>       |  |
| 14a If no, did you share this with the administrative staff?  | <i>—</i>         |  |

\*\*\* N/A equals not applicable, not asked, not observed

Facility / Date: *St. Josephs Jan 7, 2016*

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|---|------------------|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?     | <i>yes</i>       | <i>- committee</i>                                   |
| 15a. Was a current activity calendar posted in the facility?  | <i>yes</i>       |  |
| 15b. Were activities scheduled to occur at the time of your visit actually occurring?                             | <i>yes</i>       |  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | <i>-</i>         |  |
| 16a. Can residents access their monthly needs funds at their convenience?   | <i>-</i>         |  |
| 17. Are residents asked their preferences about meal & snack choices?   | <i>yes</i>       |  |
| 17a. Are they given a choice about where they prefer to dine?   | <i>yes</i>       |  |
| 17b. Did residents express positive opinions regarding their dining experience?                                   | <i>yes</i>       |  |
| 17c. Is fresh ice water available and provided to residents?  | <i>yes</i>       |  |
| 18. Do residents have privacy in making and receiving phone calls?  | <i>yes</i>       |  |
| 19. Is there evidence of community involvement from other Civic, volunteer or religious groups?                   | <i>yes</i>       | <i>- being visited by Deacon<br/>Residents</i>       |
| 20. Does the facility have a functioning: Resident's Council?<br>Family Council?                                  |                  |  |

| Areas of Concern   | 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><i>No Complaints</i></p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> |

\*\*\* N/A equals not applicable, not asked, not observed

**Community Advisory Committee  
Quarterly/Annual Visitation Report  
Culture Change Addendum**

Facility/ Date

| Culture Change / Person Centered Thinking   | Comments/Responses   |
|---|--|
| <p><b>1. Directed to residents –</b></p> <p>a. What is one thing you would change here to make your life better?</p> <p>b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed?</p> <p>c. What's important to you while dining?</p> <p>d. What would make your dining experience here more like home?</p> <p>e. Is listening to music something you've enjoyed?</p>   | <p><i>"going home"</i></p> <p><i>yes</i></p> <p><i>time</i></p> <p><i>more southern choices</i></p> <p><i>no/yes</i></p> |
| <p><b>2. Directed to the administrator or supervisor-in-charge</b></p> <p>a. What are you doing to incorporate residents' wants and needs in every aspect of their lives and assure a home-like environment?</p> <p>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</p> <p>c. What are you doing to make the dining experience a pleasant one for your residents?</p> <p>d. Are you offering personalized music to your residents?</p> |  |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

|   |  |   |
|---|--|---|
| County<br><i>Moore</i>  | Facility Type<br><input type="checkbox"/> Family Care Home<br><input checked="" type="checkbox"/> Adult Care Home<br><input type="checkbox"/> Nursing Home | Facility Name:<br><i>Heartland Memory Care</i>                      |
| Visit Date and day of the week<br><i>Tuesday, Jan. 5, 2016</i>  | Time spent in facility<br>hours <i>45</i> minutes  | Census: <i>30</i> capacity <i>36</i><br>Arrival time<br><i>1:45</i> |
| Name of person(s) with whom exit interview was held<br><i>Executive Director</i>  |  | Interview was held <input checked="" type="checkbox"/> in person    |
| Committee members present:  |  |   |
| Number of residents who received personal visits from committee members<br><i>2</i>   |  | Report completed by:  |
| Resident Rights information is clearly posted?<br><i>yes</i>  | Ombudsman contact information is correct and clearly posted:<br><i>yes</i>   |   |
| The most recent survey was readily accessible<br>(Required for NHs only – record date of most recent survey posted):<br><i>NA</i> | Staffing information clearly posted?<br><i>N/A</i>   |   |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations<br>(please number comments) |
|--|------------------|---|
| 1. Do the residents appear neat, clean and odor free?  | <i>yes</i>       |   |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | <i>N/A</i>       |   |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | <i>yes</i>       |   |
| 4. Were residents interacting with staff, other residents & visitors?  | <i>yes</i>       |   |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | <i>yes</i>       |   |
| 5a. Did staff members wear nametags that are easily read by residents and visitors?  | <i>yes</i>       |   |
| 6. Did you observe restraints in use?  | <i>no</i>        |   |
| 7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)                                       |                  |   |

| Resident Living Accommodations   | Yes<br>No<br>N/A | Comments/Other Observations<br>(please number comments)                           |
|--|------------------|---|
| 8. Did residents describe their living environment as homelike?                  | <i>N/A</i>       | <i>all residents were out of their rooms and most participating in activities</i> |
| 9. Did you notice unpleasant odors?  | <i>no</i>        |   |
| 10. Did you see items that could cause harm or be hazardous?                     | <i>no</i>        |   |
| 10a. Were unattended med carts locked?   | <i>yes</i>       |   |
| 10b. Were bathrooms clean, odor-free and free from hazards?                      | <i>N/A</i>       |   |
| 10c. Were rooms containing hazardous materials locked?                           | <i>N/A</i>       |   |
| 11. Did residents feel their living areas were kept at a reasonable noise level? | <i>N/A</i>       |   |
| 12. Does the facility accommodate smokers?                                       | <i>N/A</i>       |   |
| 12a. Where? (Outside / inside / both)  | <i>N/A</i>       |   |
| 13. Were residents able to reach their call bells with ease?                     | <i>N/A</i>       |   |
| 14. Did staff answer call bells in a timely & courteous manner?                  | <i>N/A</i>       |   |
| 14a. If no, did you share this with the administrative staff?                    | <i>N/A</i>       |   |

Facility / date: *Heartland 1/5/16*

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations<br>(please number comments) |
|---|------------------|---|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | N/A              |   |
| 15a. Was a current activity calendar posted in the facility?  | Yes              |   |
| 15b. Were activities scheduled to occur at the time of your visit actually occurring?   | Yes              |   |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?   | N/A              |   |
| 16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs) | N/A              |   |
| 17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)                                 | N/A              |   |
| 17a. Are they given a choice about where they prefer to dine?   | Yes              |   |
| 17b. Did residents express positive opinions regarding their dining experience (the food provided)?   | Yes              |   |
| 17c. Is fresh ice water available and provided to residents?  | 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 functioning:<br>Resident's Council?<br>Family Council?   | Yes<br>Yes       |   |

| Areas of Concern   | Exit Summary   |
|--|--|
| <p data-bbox="74 1171 820 1276">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p data-bbox="74 1276 820 1827"><i>no areas of concern</i></p> | <p data-bbox="820 1171 1546 1369">Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p data-bbox="820 1369 1546 1827"><i>Facility appeared clean and orderly. All residents were out of their rooms and most participating in activities. Residents active &amp; lively. Discussed Staffing. They have 2 LPNS &amp; med tech &amp; CNA's are contracted. Went to contracted when they were having trouble filling positions.</i></p> |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

|  |   |  |
|--|---|--|
| County:<br><b>Moore</b>  | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input type="checkbox"/> Nursing Home | Facility Name:<br><i>The Coventry</i>                            |
| Visit date and day of the week<br><i>2/2/16 Tues.</i>  | Time spent in facility<br>hours <i>45</i> minutes   | Census:<br>Arrival time<br><i>9:00 AM</i>                        |
| Name of person(s) with whom exit interview was held<br><i>(Staff Developer) St. Joseph's</i> |   | Interview was held <input checked="" type="checkbox"/> in person |

Committee members present: \_\_\_\_\_

Number of residents who received personal visits from committee members: *9* Report completed by: \_\_\_\_\_

|   |  |
|---|--|
| Resident Rights information is clearly posted?<br><i>yes</i>  | Ombudsman contact information is correct and clearly posted?<br><i>yes</i> |
| The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted):<br><i>N/A</i> | Staffing information clearly posted?<br><i>yes</i>                         |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 1. Do the residents appear neat, clean and odor free?  | <i>yes</i>       |  |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | <i>yes</i>       |  |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | <i>yes</i>       |  |
| 4. Were residents interacting with staff, other residents & visitors?  | <i>yes</i>       |  |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | <i>yes</i>       |  |
| 5a. Did staff members wear nametags that are easily read by residents and visitors?  | <i>yes</i>       |  |
| 6. Did you observe restraints in use?  | <i>no</i>        |  |
| 7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)                                       |                  |  |

| Resident Living Accommodations   | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 8. Did residents describe their living environment as homelike?                  | <i>yes</i>       |  |
| 9. Did you notice unpleasant odors?  | <i>no</i>        |  |
| 10. Did you see items that could cause harm or be hazardous?                     | <i>no</i>        |  |
| 10a. Were unattended med carts locked?   | <i>yes</i>       |  |
| 10b. Were bathrooms clean, odor-free and free from hazards?                      | <i>yes</i>       |  |
| 10c. Were rooms containing hazardous materials locked?                           | <i>yes</i>       |  |
| 11. Did residents feel their living areas were kept at a reasonable noise level? | <i>N/A</i>       |  |
| 12. Does the facility accommodate smokers?                                       | <i>no</i>        |  |
| 12a. Where? (Outside / inside / both)  |                  |  |
| 13. Were residents able to reach their call bells with ease?                     | <i>N/A</i>       |  |
| 14. Did staff answer call bells in a timely & courteous manner?                  | <i>N/A</i>       |  |
| 14a. If no, did you share this with the administrative staff?                    |                  |  |

\*\* N/A equals not applicable, not asked, not observed

Facility / Date: One Coventry, 2/2/16

| Resident Services  | Yes<br>No<br>N/A | Comments/Other Observations (please number comments) |
|--|------------------|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  | N/A              |  |
| 15a Was a current activity calendar posted in the facility?  | yes              |  |
| 15b Were activities scheduled to occur at the time of your visit actually occurring?   |                  |  |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  | N/A              |  |
| 16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay. full cost OTC drugs) | N/A              |  |
| 17. Are residents asked their preferences about meal & Snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)                              | yes              |  |
| 17a. Are they given a choice about where they prefer to dine?  | yes              |  |
| 17b. Did residents express positive opinions regarding their dining experience (the food provided)?  | yes              |  |
| 17c. Is fresh ice water available and provided to residents?   | 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 functioning: Resident's Council?<br>Family Council?   |                  |  |

| Areas of Concern  | 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>None.</p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>Very nice visit. All residents we spoke with very congenial.</p> |

**Community Advisory Committee  
Quarterly/Annual Visitation Report**

|  |   |   |
|--|---|---|
| County<br><i>Moore</i>   | Facility Type<br><input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home<br><input type="checkbox"/> Nursing Home | Facility Name:<br><i>Penick</i><br>Census:            |
| Visit Date and day of the week<br><i>February 2, 2016</i>  | Time spent in facility<br>hours <i>30</i> minutes   | Arrival time<br><i>11:05</i>                          |
| Name of person(s) with whom exit interview was held<br><i>This was a friendly visit no interview was needed</i>      |   | Interview was held <input type="checkbox"/> in person |
| Committee members present:   |   |   |
| Number of residents who received personal visits from committee members<br><i>4</i>                                  |   | Report completed by:                                  |
| Resident Rights information is clearly posted?<br><i>Yes</i>   | Ombudsman contact information is correct and clearly posted: <i>Yes</i>   |   |
| The most recent survey was readily accessible<br>(Required for NHs only – record date of most recent survey posted): | Staffing information clearly posted?  |   |

| Resident Profile   | Yes<br>No<br>N/A | Comments/Other Observations<br>(please number comments) |
|--|------------------|---|
| 1. Do the residents appear neat, clean and odor free?  | <i>Yes</i>       |   |
| 2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses) | <i>NA</i>        |   |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members?   | <i>NA</i>        |   |
| 4. Were residents interacting with staff, other residents & visitors?  | <i>Yes</i>       |   |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  | <i>NA</i>        |   |
| 5a. Did staff members wear nametags that are easily read by residents and visitors?  | <i>Yes</i>       |   |
| 6. Did you observe restraints in use?  | <i>NO</i>        |   |
| 7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)                                       | <i>NA</i>        |   |

| Resident Living Accommodations   | Yes<br>No<br>N/A | Comments/Other Observations<br>(please number comments) |
|--|------------------|---|
| 8. Did residents describe their living environment as homelike?                  | <i>Yes</i>       |   |
| 9. Did you notice unpleasant odors?  | <i>NO</i>        |   |
| 10. Did you see items that could cause harm or be hazardous?                     | <i>NO</i>        |   |
| 10a. Were unattended med carts locked?   | <i>NA</i>        |   |
| 10b. Were bathrooms clean, odor-free and free from hazards?                      | <i>NA</i>        |   |
| 10c. Were rooms containing hazardous materials locked?                           | <i>NA</i>        |   |
| 11. Did residents feel their living areas were kept at a reasonable noise level? | <i>NA</i>        |   |
| 12. Does the facility accommodate smokers?                                       | <i>NA</i>        |   |
| 12a. Where? (Outside / inside / both)  |                  |   |
| 13. Were residents able to reach their call bells with ease?                     | <i>NA</i>        |   |
| 14. Did staff answer call bells in a timely & courteous manner?                  | <i>NA</i>        |   |
| 14a. If no, did you share this with the administrative staff?                    | <i>NA</i>        |   |

\*\*\* N/A equals not applicable, not asked, not observed

Facility / date:

| Resident Services   | Yes<br>No<br>N/A | Comments/Other Observations<br>(please number comments) |
|---|------------------|---|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   | NA               |   |
| 15a. Was a current activity calendar posted in the facility?  | Yes              |   |
| 15b. Were activities scheduled to occur at the time of your visit actually occurring?   | NA               |   |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?   | NA               |   |
| 16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs) | NA               |   |
| 17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)                                 | Yes              |   |
| 17a. Are they given a choice about where they prefer to dine?   | Yes              |   |
| 17b. Did residents express positive opinions regarding their dining experience (the food provided)?   | Yes              |   |
| 17c. Is fresh ice water available and provided to residents?  | NA               |   |
| 18. Do residents have privacy in making and receiving phone calls?  | Yes              |   |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?   | NA               |   |
| 20. Does the facility have a functioning: Resident's Council?<br>Family Council?  | Yes              |   |

| Areas of Concern  | Exit Summary  |
|---|---|
| Are there resident issues or topics that need follow-up or review at a later time or during the next visit? | Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address? |
|   | <p>This was a friendly visit -<br/>No concerns noted</p>  |