

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

friendly visit

County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Jewel Home</i>
Visit date and day of the week <i>11-3-16</i>	Time spent in facility <i>2</i> hours - minutes	Census: <i>40 skilled 9 assisted</i> Arrival time <i>1030 - 1230</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 <i>4</i>		Report completed by:
Resident Rights information is clearly posted? <input checked="" type="checkbox"/>	Ombudsman contact information is correct and clearly posted: <input checked="" type="checkbox"/>	
The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted): <i>12-14</i>	Staffing information clearly posted? <i>N/A</i>	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	<i>Y</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>Y</i>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<i>Y</i>	
4. Were residents interacting with staff, other residents & visitors?	<i>Y</i>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<i>Y</i>	
5a Did staff members wear nametags that are easily read by residents and visitors?	<i>Y</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>N/A</i>	

Resident Living Accommodations	Yes No 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>N</i>	
10. Did you see items that could cause harm or be hazardous?	<i>NO</i>	
10a. Were unattended med carts locked?	<i>Y</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>N/A</i>	
10c. Were rooms containing hazardous materials locked?	<i>Y</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>-</i>	
13. Were residents able to reach their call bells with ease?	<i>Y</i>	
14. Did staff answer call bells in a timely & courteous manner?	<i>Y</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 No 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?	✓	
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.)	✓	
17a. Are they given a choice about where they prefer to dine?	✓	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	✓	
17c. Is fresh ice water available and provided to residents?	✓	
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? 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 special areas of concern met with</i></p> <p><i>new Executive director & m n t c h</i></p> <p><i>Some food service 2 years</i></p> <p><i>Party Liberty chair 2 years</i></p> <p><i>according to state rules - fully staffed</i></p> <p><i>of residents have concerns</i></p> <p><i>concerned to Wendy De</i></p> <p><i>concerned about nursing</i></p> <p><i>on Ep director</i></p> <p><i>visited 10 of new family care homes - individual rooms</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>opened 5/15</i></p> <p><i>capacity 6-</i></p> <p><i>25 11/15</i></p>

Common living and dining

do not offer memory care

Friendly visit
travel - 20 miles

Community Advisory Committee Quarterly/Annual Visitation Report		
County Moore	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Sandhills Memory Asst. 2 Census - current/licensed:
Visit Date and day of the week Thurs. 7/30/15	Time spent in facility / hours minutes	Arrival time 10:00 a.m
Name of person(s) with whom exit interview was held		Interview was held <input type="checkbox"/> in person
Committee members present: _____		
Number of residents who received personal visits from committee members		Report completed by: R
Resident Rights information is clearly posted?		Ombudsman contact information is correct and clearly posted?
The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted):		Staffing information clearly posted?

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?		
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)		
3. Did you see or hear residents being encouraged to participate in their care by staff members?		
4. Were residents interacting with staff, other residents & visitors?		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?		
5a. Did staff members wear nametags that are easily read by residents and visitors?		
6. Did you observe restraints in use?		
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 No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?		
9. Did you notice unpleasant odors?		
10. Did you see items that could cause harm or be hazardous?		
10a. Were unattended med carts locked?		
10b. Were bathrooms clean, odor-free and free from hazards?		
10c. Were rooms containing hazardous materials locked?		
11. Did residents feel their living areas were kept at a reasonable noise level?		
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the building		
13. Were residents able to reach their call bells with ease?		
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

Friendly
travel - 10 miles

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

County <p style="text-align: center; font-size: 1.2em;">Moore</p>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <p style="text-align: center; font-size: 1.2em;">Manor Care</p>
Visit Date and day of the week <p style="text-align: center;">Thurs. 7/30/15</p>	Time spent in facility 1 hours minutes	Census - current/licensed: Arrival time <p style="text-align: center;">11:00 am</p>
Name of person(s) with whom exit interview was held		Interview was held <input type="checkbox"/> in person

Committee members present: <i>2</i>		Report completed by: <i>[Signature]</i>
Number of residents who received personal visits from committee members		
Resident Rights information is clearly posted?	Ombudsman contact information is correct and clearly posted?	
The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted):	Staffing information clearly posted?	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?		
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)		
3. Did you see or hear residents being encouraged to participate in their care by staff members?		
4. Were residents interacting with staff, other residents & visitors?		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?		
5a. Did staff members wear nametags that are easily read by residents and visitors?		
6. Did you observe restraints in use?		
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 No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?		
9. Did you notice unpleasant odors?		
10. Did you see items that could cause harm or be hazardous?		
10a. Were unattended med carts locked?		
10b. Were bathrooms clean, odor-free and free from hazards?		
10c. Were rooms containing hazardous materials locked?		
11. Did residents feel their living areas were kept at a reasonable noise level?		
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the building		
13. Were residents able to reach their call bells with ease?		
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**

County: Moore	Facility Type <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home Nursing Home	Facility Name Brookdale of Pinehurst Census
Visit date and day of the week Tues., Nov. 3, 2015	Time spent in facility 1 hour	Arrival time 11:00 am
Name of person(s) with whom exit interview was held [Redacted]		Interview was held in person Yes
Committee members present:		
Number of residents who received personal visits from committee members 6		Report completed by: [Redacted]
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted: Y	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : NA	Staffing information clearly posted At the nurses' station NA	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	yes	One area has strong odor in hall. This has been observed in the past. Several did not have name tags
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)		

Resident Living Accommodations	Yes No 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?	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?	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

Facility / Date Brookdale of Pinehurst

Resident Services	Yes No 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?	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)?	yes	
17c. Is fresh ice water available and provided to residents?	N/A	
18. Do residents have privacy in making and receiving phone calls?		
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Yes	
20. Does the facility have a functioning: Resident's Council? 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>Houskeeping</p> <p>EXIT INTERVIEW:</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>Facility was clean with the exception of the hall with strong odor. Administrator stated there is a medical problem with a resident causing the odor and they are working on it.</p> <p>Most of the residents in Memory Care Unit were in the common area. Most were engaged in an activity.</p>

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

County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Elmcroft Census: 39
Visit Date and day of the week Oct 8 Thursday		Arrival time 10 am
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: J. L. ...		
Number of residents who received personal visits from committee members 8		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 (Required for NHs only – record date of most recent survey posted) : na	Staffing information clearly posted? na	

Resident Profile	Yes No 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)	yes	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	yes	
4. Were residents interacting with staff, other residents & visitors?	yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	na	
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)	na	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	1. Extremely clean and odor free
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?	no	
12a. Where? (Outside / inside / both)	NA	
13. Were residents able to reach their call bells with ease?	na	
14. Did staff answer call bells in a timely & courteous manner?	yes	
14a. If no, did you share this with the administrative staff?		

Facility / date: ~~Elmerost 10/8/2015~~
 Elmerost 10/8/2015

Resident Services	Yes No 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	1. All money is handled by relative or appointee of family residents were observed being very active. The planned activities were well liked and attended by those we talked with.
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?	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?	na	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	nyes	
20. Does the facility have a functioning: Resident's Council? 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> <p>No areas of Concern</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>

Community Advisory Committee Quarterly/Annual Visitation Report			FRIENDLY VISITATION
County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name Pinehurst Nursing and Rehab Census 70 – capacity 120	
Visit date and day of the week 11/3/2015	Time spent in facility 1.25	Arrival time 9:15AM	
Name of person(s) with whom exit interview was held Friendly Visitation – no exit interview		Interview was held	
Committee members present:			
Number of residents who received personal visits from committee members 8		Report completed by:	
Resident Rights information is clearly posted?		Ombudsman contact information is correct and clearly posted:	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : yes – 1/15/2015		Staffing information clearly posted At the nurses' station Yes	

Resident Profile	Yes No 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?	N/A	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	N/A	
5a Did staff members wear nametags that are easily read by residents and visitors?	N/A	
6. Did you observe restraints in use?	N	
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 No 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?	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?	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?	Y	
14a If no, did you share this with the administrative staff?		

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

Facility / Date: Tara, Oct. 6, 2015

Resident Services	Yes No 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	16a)Monday thru Friday
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?	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?	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: Resident's Council? Family Council?	Yes 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?	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?
No area of concerns	<p>5a) Name tags are not issued until employee is there for 90 days.</p> <p>12)Not a smoke free campus. Outside smoking is allowed with residents using one side of the building and employees the other side.</p> <p>16a) Residents can access their accts. Monday thru Friday</p> <p>Page 3d) Music – they are implementing use of Ipods in the memory unit very soon. Ipods had just arrived.</p>

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

County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Penick</i>
Visit date and day of the week <i>Wed Nov 11, 2015</i>	Time spent in facility <i>1</i> hours <i></i> minutes	Census: <i>45/50</i> Arrival time <i>10:30</i>
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <i>M. ...</i>		
Number of residents who received personal visits from committee members <i>5</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>May 16 2014 date</i> <i>Latest survey not in book</i>	Staffing information clearly posted?	

Resident Profile	Yes No 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>	<i>1. % food</i> <i>2. % of Plan of Care mtg - only 2 staff showed up - the daughter of resident was upset that her signs were not being followed for her mother's care.</i> <i>A. pain patches not put in the correct spot</i> <i>B. poor communication</i> <i>C. not following bed positioning</i> <i>3. Also said caregivers are compassionate</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? (note: Do not ask about confidential information without consent)	<i>N/A</i>	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	<i>Yes</i>	<i>- odor near Rm 170's</i>
9. Did you notice unpleasant odors?	<i>Yes</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?	<i>N/A</i>	
12a Where? (Outside / inside / both)	<i>-</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: Penick 11/11/15

Resident Services	Yes No 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>#4 Some Residents NOT AWARE of choices - one said grilled cheese is the only option</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 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?	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?	yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	yes 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> <p>2. Daughter of resident verbally upset that staff did not follow her requests</p> <p>4. Residents should be made aware of their choices rather than staff filling out the menu w/o mentioning alternatives.</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>#2. Mtg. was set up with daughter to discuss plan of care and to deal with daughter's concerns. This occurred right after we spoke to the daughter</p> <p>4. Adm said she would encourage giving choices to the residents.</p>

Community Advisory Committee
Quarterly/Annual Visitation Report Addendum

Facility / Date:

Culture Change / Person Centered Thinking	Comments/Responses
<p>1. Directed to residents –</p> <p>a. Other than going home, 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>2. Directed to the administrator or supervisor-in-charge</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? <i>yes</i></p> <p>c. What are you doing to make the dining experience a pleasant one for your residents?</p>	<p><i>D Facility has a plan to group several Rms together and paint the hallway like a house. Nsg. station will have a counter desk high so residents can use puzzles / coloring etc</i></p> <p><i>- They have groups come in Hoping to have music through the hallway</i></p>

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

County <i>moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Pinehurst NSg</i> Census – current/licensed: <i>74/144</i>
Visit Date and day of the week <i>Wed 10/7/15</i>	Time spent in facility <i>1 hours 10 minutes</i>	Arrival time <i>12³⁵ - 145</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: *5* 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 No 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>Some</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? Note: Do not ask about confidential information without consent	<i>-</i>	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	<i>NO</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>	<i>- TX CART UN locked.</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? 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: Peachtree NSG 10/9/15

Resident Services	Yes No 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?	N/A.	
17. Are residents asked their preferences about meal & snack choices?	yes	Some said food improved in the past year. encouraged to eat a DR. Some improvement?
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: <u>Resident's Council?</u> <u>Family Council?</u>	yes 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>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>No complaints this visit They said a new steam table is coming which will enable more buffet choices. Also, they are planning to get wifea</p>

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

County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: 7 Lakes Assisted Living and Memory Care Census: 30
Visit Date and day of the week Thursday 11/5/15	Time spent in facility 1 hours minutes	Arrival time 10:00
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 4		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 (Required for NHs only – record date of most recent survey posted): Yes	Staffing information clearly posted? Yes	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	yes	3./4./5. Noticed a positive change in these areas.
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?	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? (note: Do not ask about confidential information without consent)		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	n/a	9. No odors were present as on other visits. This is probably because the carpeting has been replaced with wood flooring.
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	

Facility / date: 7 Lakes 11/5/15

Resident Services	Yes No 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	15. A new activity director has been hired and was undergoing training by their corporate office.
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? (#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?	n/a	
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?	yes	
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? No	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? There is a new administor in place and a new owner (Meridian). Involvement with the community is an ongoing project. Positive changes include new flooring and new overhead lighting. Housekeeping was good and was going on during our visit. Staff interaction was positive. The memory care staff have special training to deal with the residents.

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

County MOORE Co	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: HEARTLAND Census - current/licensed: 33 CAP-36
Visit Date and day of the week 10/8/15	Time spent in facility hours 30 minutes	Arrival time 10:00 a.m
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: **13-4 + Group** 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 (Required for NHs only - record date of most recent survey posted):	Staffing information clearly posted? yes

Resident Profile	Yes No 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)	NA	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	yes	
4. Were residents interacting with staff, other residents & visitors?	yes	
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? Note: Do not ask about confidential information without consent		

Resident Living Accommodations	Yes No 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?	NA	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	NA	13-14- NO Pts. were in bed- all were in day room attended by person 1 and interacting w. others in activities etc.
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

Facility / Date: _____

Resident Services	Yes No 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?	NA	} MEMORY CARE - DID NOT ASK
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?	NA	
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?	NA	
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? 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> <hr/> <p>NO CONCERNS</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>All Residents were engaged in activities as able. They were all neatly groomed and OOB -</p>

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

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Joy Hollow</i>
Visit Date and day of the week <i>10-8-15 Thursday</i>	Time spent in facility <i>1</i> hours <i></i> minutes	Census: <i>68</i>
Name of person(s) with whom exit interview was held		Arrival time <i>11:00 A.M.</i>
		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <i>[Faint handwritten names]</i>		
Number of <u>residents</u> who received personal visits from committee members <i>6</i>		Report completed by: <i>[Faint handwritten name]</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? <i>yes</i>	

Resident Profile	Yes No 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? (note: Do not ask about confidential information without consent)	<i>N/A</i>	

Resident Living Accommodations	Yes No 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>None</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?	<i>yes</i>	
12a. Where? (Outside / inside / both)	<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>N/A</i>	

Facility / date: *For Hollow 10-8-15*

Resident Services	Yes No 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>	
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>yes</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>	
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>	
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>	
20. Does the facility have a functioning: Resident's Council? — Family Council? —	<i>yes</i> <i>yes</i>	

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? <i>None</i></p> <hr/>	<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? <i>none</i>)</p> <hr/> <p><i>All visiting CAC Members 10-8-15 Agree that quality care for residents of For Hollow is being given to older adults and to those residents in the memory unit as well.</i></p>

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

County Moore	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Brookdale of Pinehurst Census - current/licensed: 54/60
Visit Date and day of the week 10/8/2015	Time spent in facility 1 hours 30 minutes	Arrival time 10:00 AM
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 5	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 (Required for NHs only - record date of most recent survey posted):	Staffing information clearly posted? Yes

Resident Profile	Yes No 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)	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?	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 No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	SOME	
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? Note: By regulation smoking is only permitted outside of the Building	NO	
13. Were residents able to reach their call bells with ease?	YES	
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	

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

Facility / Date: 10/8/15 Brookdale

Resident Services	Yes No 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>Some residents expressed that "there's nothing to do"</p> <p>Others feel otherwise</p> <p>- held in Sept.</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?	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? 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>There was none observed</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>None</p>

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

Facility/ Date

Culture Change / Person Centered Thinking	Comments/Responses
<p>1. Directed to residents –</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>See my family more</p> <p>Sometimes</p> <p>More seasoning</p> <p>yes</p>
<p>2. Directed to the administrator or supervisor-in-charge</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</p> <p>Yes- we try to</p> <p>Variety of meals</p> <p>N/A</p>

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

County: <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: <i>Devick ALF</i> Census: <i>28/28</i>
Visit Date and day of the week <i>11/11/15 Wed.</i>	Time spent in facility hours <i>30</i> minutes	Arrival time <i>11:30</i>
Name of person(s) with whom exit interview was held <i>[illegible]</i>	Interview was held <input checked="" type="checkbox"/> in person	
Committee members present: <i>[illegible]</i>		
Number of residents who received personal visits from committee members <i>2</i>	Report completed by: <i>[illegible]</i>	
Resident Rights information is clearly posted? <i>yes</i>	Ombudsman contact information is/correct and clearly posted: <i>N/A</i>	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted):	Staffing information clearly posted? <i>N/A</i>	

Resident Profile	Yes No 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? (note: Do not ask about confidential information without consent)		

Resident Living Accommodations	Yes No 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>	<i>10a carts are locked in closets</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>yes</i>	<i>13 But more have their own cell phones.</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>yes</i>	

Facility / date: General MF 11/11/15

Resident Services	Yes No 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	15b a group called the "lunch club" was dining in the library
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?	no	
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)?	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	17a Most din in dining room unless ill. 17b most positive, but would like to know more about alternate choices.
20. Does the facility have a functioning: Resident's Council? 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> <p><i>We spoke at length with the administrator about his plans for changes in the facility. No areas of concern.</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>No areas of concern.</i></p>

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

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>St. Joseph's</i>
Visit Date and day of the week <i>Monday</i>	Time spent in facility hours minutes	Census – current/licensed: <i>149/176</i> Arrival time <i>2:10 PM</i>
Name of person(s) with whom exit interview was held <i>[Handwritten Name]</i>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <i>[Handwritten Names]</i>		
Number of residents who received personal visits from committee members <i>7</i>		Document completed by: <i>[Handwritten Name]</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): <i>Feb 10</i>	Staffing information clearly posted? <i>at desk</i>	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	<i>Y</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>Y</i>	
4. Were residents interacting with staff, other residents & visitors?	<i>Y</i>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<i>Y</i>	
5a. Did staff members wear nametags that are easily read by residents and visitors?	<i>NA</i>	
6. Did you observe restraints in use?	<i>N</i>	
7. If so, did you ask staff about the facility's restraint policies? Note: Do not ask about confidential information without consent	<i>Y</i>	

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

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

*a resident said she
got on bed pan 54m
when staff person arrived
she said to be more*

Facility / Date: St. Joseph's / 11/30/12

Resident Services	Yes No 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?	NA	
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?	NA	
17. Are residents asked their preferences about meal & snack choices?	NA	
17a. Are they given a choice about where they prefer to dine?	NA	
17b. Did residents express positive opinions regarding their dining experience?	NA	
17c. Is fresh ice water available and provided to residents?	NA	
18. Do residents have privacy in making and receiving phone calls?	NA	
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? 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>resident at on bed danger for 54 min then had to be more present</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>will look into it.</p>

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

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

County MOORE	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: MANOR CARE 87/120 Census – current/licensed:
Visit Date and day of the week Thursday, Oct 8, 2015	Time spent in facility 1 hours 30 minutes	Arrival time 1:15P
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 4	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 (Required for NHs only – record date of most recent survey posted): Yes	Staffing information clearly posted? Yes. Out front

Resident Profile	Yes No 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)		
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?	N/A	
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	N/A	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)	
8. Did residents describe their living environment as homelike?	N/A	Floors Brightly Shining table cloths & fresh flowers on tables	
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? Note: By regulation smoking is only permitted outside of the Building	Yes		Outside
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

Facility / Date:

Resident Services	Yes No 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>Church/Bible Study was being held about 9 residents attended.</p> <p>"We can order other things"</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?	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?	YES	
17. Are residents asked their preferences about meal & snack choices?	YES	
17a. Are they given a choice about where they prefer to dine?		
17b. Did residents express positive opinions regarding their dining experience?	YES & NO	
17c. Is fresh ice water available and provided to residents?	YES	
18. Do residents have privacy in making and receiving phone calls?	NO	
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? Family Council?	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 areas of concern we 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>... advised that a planning service donated flower for dining room about every two weeks.</p>

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

FV

COPY

Community Advisory Committee Quarterly/Annual Visitation Report		
County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Penick Nursing Home and Assisted Living</i> Census:
Visit date and day of the week <i>10/15 Tues.</i>	Time spent in facility hours minutes	Arrival time <i>10:30 AM</i>
Name of person(s) with whom exit interview was held <i>FV</i>		Interview was held <input type="checkbox"/> in person

Committee members present: *2*

Number of residents who received personal visits from committee members: *0* Report completed by: *WJ*

Resident Rights information is clearly posted? <input checked="" type="checkbox"/>	Ombudsman contact information is correct and clearly posted? <input checked="" type="checkbox"/>
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) :	Staffing information clearly posted? <input checked="" type="checkbox"/>

Resident Profile	Yes No 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?		
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 No 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>	
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>N/A</i>	
1. Did residents feel their living areas were kept at a reasonable noise level?	<i>N/A</i>	
2. Does the facility accommodate smokers?	<i>N/A</i>	
2a Where? (Outside / inside / both)	<i>N/A</i>	
3. Were residents able to reach their call bells with ease?	<i>yes</i>	
4. Did staff answer call bells in a timely & courteous manner?	<i>yes</i>	
4a If no, did you share this with the administrative staff?		

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

Facility / Date: _____

Resident Services	Yes No 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	hunch
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.)	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? 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?

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

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Kingswood Nursing Center</i> Census: <i>90</i>
Visit Date and day of the week <i>Tuesdays, Oct. 6, 2015</i>	Time spent in facility <i>1</i> hours <i>15</i> minutes	Arrival time <i>2:00 PM</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 resident personal visits from committee members <i>9</i>		Form 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>Last Survey 5/7/15</i>	Staffing information clearly posted? <i>Yes</i>	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	<i>Y</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>Y</i>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<i>Y</i>	
4. Were residents interacting with staff, other residents & visitors?	<i>Y</i>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<i>Y</i>	
5a. Did staff members wear nametags that are easily read by residents and visitors?	<i>Y</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 No 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>	
10. Did you see items that could cause harm or be hazardous?	<i>No</i>	
10a. Were unattended med carts locked?	<i>Y</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>Y</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)		
13. Were residents able to reach their call bells with ease?	<i>Y</i>	
14. Did staff answer call bells in a timely & courteous manner?	<i>Y</i>	
14a. If no, did you share this with the administrative staff?		

Facility / date: Kingswood 10/6/15

Resident Services	Yes No 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?	Y		
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?	Y		
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)	Y		
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?	Y		- encouraged to eat in Dining Room
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Y		
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?	Y		
20. Does the facility have a functioning: Resident's Council? Family Council?	Y Y		

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><u>No Areas of Concern</u></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>Housekeeping looked good.</p> <ul style="list-style-type: none"> - activity person in memory care very engaging + caring. - in nursing, Residents seemed to enjoy the Ballroom Volleyball. - in Room activities twice a week - once w/a ct. Dir + once w/Social worker. - Participating in music + memory program in memory care. Seeing good results: less stress, better sleeping habits, less drugs, calming effect.

New administrator is
Stephen Burroughs
New DON is
Belinda Strickland

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

County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: Manor Care Census: 95 Capacity: 120
Visit date and day of the week Tues. Nov. 3, 2015	Time spent in facility 1 hours 15 minutes	Arrival time 9:15 AM
Name of person(s) with whom exit interview was held Mr. & Mrs. A. J. Smith		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: Dr. J. Smith, Mrs. J. Smith, Mr. J. Smith, Mrs. J. Smith		
Number of residents who received personal visits from committee members 6		Report completed by: J. Smith
Resident Rights information is clearly posted? yes	Ombudsman contact information is correct and clearly posted: yes	
The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted): N/A	Staffing information clearly posted? N/A	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	yes	This visit started out to be a friendly visit but changed to regular visit with exit meeting. Having found several issues that needed attention.
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?	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? (note: Do not ask about confidential information without consent)		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	N/A	found 1 on floor, reported to staff
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?	N/A	
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?	yes	
14. Did staff answer call bells in a timely & courteous manner?	yes	
14a. If no, did you share this with the administrative staff?		

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

Facility / Date: Norwood 11/3/15

Resident Services	Yes No 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? (#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	posted times for funds
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	dislike food (cold)
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: <u>Resident's Council?</u> <u>Family Council?</u>	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>Cold food being served, and dislike of food. Also a little housekeeping needed in some rooms but it was morning and many rooms had yet to be attended. Several rooms with odors and one hallway.</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>Areas of Concern to be taken care of.</p>

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

Friendly Visit

County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Magnolia Gardens
Visit date and day of the week 11/5/15	Time spent in facility hours 45 minutes	Census: 93 - May-110 Arrival time 11:50 a.m.
Name of person(s) with whom exit interview was held		Interview was held <input type="checkbox"/> in person
Committee members present		
Number of residents who received personal visits from committee members 5-10		Report completed by: <i>Jane Robinson</i>
Resident Rights information is clearly posted?	Ombudsman contact information is correct and clearly posted: yes	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted): N/A	Staffing information clearly posted? yes	

Resident Profile	Yes No 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)	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?	N/A	
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 No N/A	Comments/Other Observations (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? (<u>Outside</u> / inside / both)		
13. Were residents able to reach their call bells with ease?	yes	
14. Did staff answer call bells in a timely & courteous manner?	yes	
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 No 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?	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?	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? (#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)		
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)?		
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? Family Council?	yes 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> <p>Much Cleaning, Painting & Repair & Replacement going on. Areas were safely blocked off -</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>Friendly Visit -</p>

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

Friendly Visit

County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Elmeroft- Census: 39
Visit date and day of the week 11/5/15	Time spent in facility hours 30 minutes	Arrival time 11:45 12:00/NOON
Name of person(s) with whom exit interview was held N/A - Friendly Visit		Interview was held <input type="checkbox"/> in person (ERIC WAS PRESENT)
Committee members present:		
Number of residents who received personal visits from committee members Full Dining Room observed		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 (Required for NHs only - record date of most recent survey posted): NA	Staffing information clearly posted? yes	

Resident Profile	Yes No 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)	NA	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	NA	
4. Were residents interacting with staff, other residents & visitors?	yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	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? (note: Do not ask about confidential information without consent)		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	NA	
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?	NA	
11. Did residents feel their living areas were kept at a reasonable noise level?	NA	
12. Does the facility accommodate smokers?	yes	
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?		
14a If no, did you share this with the administrative staff?		

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

Facility / Date: Elmerost 11/5/15

Resident Services	Yes No 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?	NA	Lunch Time
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 full cost OTC drugs)	yes	
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?	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? Family Council?	yes	

Areas of Concern	Exit Summary
<p data-bbox="99 1199 808 1268">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="277 1339 483 1388">NONE</p>	<p data-bbox="808 1199 1534 1360">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="906 1465 1458 1549">- Friendly Visit -</p>

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

Friendly Visit

County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Heartland Census: 33
Visit date and day of the week 11/5/15	Time spent in facility hours 15 minutes	Arrival time 12:35/p
Name of person(s) with whom exit interview was held Friendly Visit		Interview was held <input type="checkbox"/> in person Friendly Visit
Committee members present: 0		
Number of residents who received personal visits from committee members All Residents having Lunch		Report completed by: [Signature]
Resident Rights information is clearly posted? yes	Ombudsman contact information is correct and clearly posted: yes	
The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted): NA	Staffing information clearly posted? yes	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	yes	<div style="font-size: 4em;">}</div> <p><i>All in dining area having Lunch</i></p>
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?	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 No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	NA	
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?	NA	
12. Does the facility accommodate smokers?	NA	
12a. Where? (Outside / inside / both)		
13. Were residents able to reach their call bells with ease?		
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

Facility / Date: _____

Resident Services	Yes No 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?	NA	<p><i>We did not talk 2 residents they were having lunch - facility neat, clean + quiet</i></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?		
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? (#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)		
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.)		
17a. Are they given a choice about where they prefer to dine?		
17b. Did residents express positive opinions regarding their dining experience (the food provided)?		
17c. Is fresh ice water available and provided to residents?		
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? Family Council?		

Areas of Concern	Exit Summary
<p data-bbox="99 1199 805 1268">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="228 1335 440 1394"><i>NONE</i></p>	<p data-bbox="805 1199 1534 1360">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>

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

FRIENDLY VISIT

County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Kingswood Census: 89 MAX 100
Visit date and day of the week Thur- 11/5/15	Time spent in facility 1 hours minutes	Arrival time 1000
Name of person(s) with whom exit interview was held NA (New Adm-- Steven Burroughs) FRIENDLY VISIT		Interview was held <input type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members 4-5		Report completed by: [Signature]
Resident Rights information is clearly posted? yes	Ombudsman contact information is correct and clearly posted: yes	
The most recent survey was readily accessible (Required for NHs only -- record date of most recent survey posted): N/A	Staffing information clearly posted? yes	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?		
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	3: Memory Care had four Residents occupied - 4: Not as they should be
4. Were residents interacting with staff, other residents & visitors?		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	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? (note: Do not ask about confidential information without consent)		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	NO	most we ask would rather be home -
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?	yes	
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 No 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?	NA	We did not observe Activity going on-
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)	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?	NA	
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? Family Council?	NA yes 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>Facility seemed quiet - Not much going on - Rather drab -</p> <p>Very clean -</p> <p>Need to follow up on lack of Activity in this Facility -</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>Friendly Visit -</p> <p>New Administrator Steven Burroughs not in his office as we left -</p>

Quarterly/Annual Visitation Report

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Oak Pine Lake</i>
Visit Date and day of the week <i>10/7/15 (Wed)</i>	Time spent in facility <i>1 hours 15 minutes</i>	Census: <i>83/40 19/20</i> Arrival time <i>10:25</i>
Name of person(s) with whom visit interview was held: <i>[Handwritten names]</i>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <i>Schiller Meindl</i>		
Number of residents who received personal visits from committee members <i>seven</i>		Report completed by: <i>[Signature]</i>
Resident Rights information is clearly posted? <i>N/A</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 No 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>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 No 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>yes</i>	9. Odor (localised) in one hall.
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>no</i>	10. Fall through corridor blocked, items on both sides
10c. Were rooms containing hazardous materials locked?	<i>no</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>	10c odor in one shower room.
12a. Where? (Outside / inside / both)	<i>some</i>	
13. Were residents able to reach their call bells with ease?	<i>some</i>	10c one faulty or loose
14. Did staff answer call bells in a timely & courteous manner?	<i>some</i>	10c one faulty or loose
14a. If no, did you share this with the administrative staff?	<i>yes</i>	12. one call bell out of reach
		14. some complaints of

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

Facility / date: Oak Grove 10/7/15

Resident Services	Yes No 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	15b) down town & stretch activities
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.)	yes	17c) both positive & negative feelings about food were expressed; also little or no choice.
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: <u>Resident's Council?</u> 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>Although they may not need follow-up, we reported issues, i.e. localized odor in two halls, janitor closet unlocked, a cell bell out of reach, comments about food and cell bell times. We had the occasion to speak with the director and one resident, who attested to sometimes long waits on cell bells.</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>The interim admin. assured us that corrections to our observations would be made right away.</p>

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

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Coventry</i> Census – current/licensed: <i>38 / 60</i>
Visit Date and day of the week <i>Monday 11-30-15</i>	Time spent in facility hours <i>30</i> minutes	Arrival time <i>4 P</i>
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <i>0</i>		
Number of residents who received personal visits from committee members <i>TWO</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 No 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?		
Note: Do not ask about confidential information without consent		

Resident Living Accommodations	Yes No 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>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? Note: By regulation smoking is only permitted outside of the Building	<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?		

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

Facility / Date:

Resident Services	Yes No 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>"Food is wonderful" white tablecloths in dining room. very elegant</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?	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?	YES	
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? Family Council?	N/A	

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>NO areas of concern noted</p>

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

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

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>TARA</i> Census – current/licensed: <i>N/A</i>
Visit Date and day of the week <i>11-30-18</i>	Time spent in facility hours <i>45</i> minutes	Arrival time <i>4:45 P.M</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 <i>111 (three)</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 No 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>yes</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?	<i>-</i>	
Note: Do not ask about confidential information without consent		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	<i>N/A</i>	<i>"Great place to live"</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>N/A</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>yes</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? Note: By regulation smoking is only permitted outside of the Building	<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>	

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

Facility / Date: TARA 11-30-15

Resident Services	Yes No 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?	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?	N/A	
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? Family Council?	N/A	

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?
	NO Areas of concern noted.

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

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

Facility/ Date Manor Care 10/8/15

Culture Change / Person Centered Thinking	Comments/Responses
<p>1. Directed to residents –</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>2. Directed to the administrator or supervisor-in-charge</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>A. At admission, a thorough discussion is held with family and residents to determine residents interests</p> <p>b. yes, training on every hall.</p> <p>C. Flowers (donated) & tablecloths help provide a pleasant dining experience.</p> <p>d. many groups come in to play or sing along with residents</p>