

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: Adult Care & Skilled Nursing Facility	Quail Haven 155 B lake Blvd. Pinehurst, North Carolina
Visit Date: 11/3/22	Time spent in facility: 1 hr. 15 min	Arrival time: 10:00 am
Name of person exit interview was held with: Crystal Hofstetter, Executive Director		Interview was held in Person
Committee Members Present: Sylva Porter-Deal, Sandy Nusbaum		Report Completed by: Sandy Nusbaum
Number of Residents who received personal visits from committee members: Five		
Resident Rights Information is clearly visible: Yes		Ombudsman Contact Info is correct and clearly posted: Yes
The most recent survey was readily accessible: In 300 hall at nurses station		Staffing information clearly posted: In 300 hall at nurses' station

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	N/A	Hall 400: med. prep room sign states lock door. Door was not locked.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	No	Hall 500: Nursing Supply closet sign states lock door. Door was not locked.
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	Due to time of day many residents were sleeping.
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	N/A	

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	N/A	
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	N/A	Hall 600: resident needed wheelchair to stand, walk and dress. Waited 4-1/2 hrs. for help after using call bell.
12. Does the facility accommodate smokers?	No	
13. Were residents able to reach their call bells with ease?	Yes	Hall 500: after Dr. appt. resident in pain and alone in wheelchair for 1 hr. in room. Needed help to get into bed. Spouse helped when he arrived for a visit.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	Yes	

Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	Activity observed while we were there. There is a beautiful handmade activity board. Very easy to read. Very nice employee recognition board.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	Yes	Most residents have family members doing their shopping for them.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes	

18. Do residents have privacy in making and receiving phone calls?	Yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a Resident's Council? Family Council?	Yes	
Areas of Concern	Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Yes	Suggest discussing call bells with residents to see if concerns still exist.

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

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Combination Home	Facility Name/Address: (25) (17) Coventry / Caritas
Visit Date: 9/24/2022	Time spent in facility: hr 30 min	Arrival time: 11:30 am pm
Name of person exit interview was held with: _____		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone
<input checked="" type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. (Name & Title)		Ashley Robinson
Committee Members Present: Sandy N., Silva P-D, Helen S.		Report Completed by: H.E. Schillme
Number of Residents who received personal visits from committee members: 3		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible: Yes No (Required for Nursing Homes Only) N/A		Staffing information clearly posted: Yes No N/A

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	N/A	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N/A	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	N/A	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	N/A	

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	N/A	
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	N/A	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	N/A	
13. Were residents able to reach their call bells with ease?	N/A	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	N/A	

Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	N/A	Activities posted at Coventry + Caritas
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	N/A	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	N/A	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	N/A	
20. Does the facility have a Resident's Council? Family Council?	N/A	

Areas of Concern	Yes/No/NA	Exit Summary
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Ø CONCERNS
 facility is clean
 for

Ashley Robinson new
 administrator, welcoming

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type <i>Skilled nsg. / memory care</i>	Facility Name/Address <i>St. Jos. of the Pines</i>
Visit Date: <i>9/29/2022</i>	Time spent in facility: <i>1 hr. 30 min</i>	Arrival time: <i>10 AM</i>
Name of person exit interview was held with: <i>Julie Winkle</i>		Interview was held: <i>IN Person</i>
Committee Members Present <i>Sandy N., Silvia P-D, Helen S</i>		Report Completed by <i>H. Schillaci</i>
Number of Residents who received personal visits from committee members: <i>5</i>		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/>	Ombudsman Contact Info is correct and clearly posted: <i>YES</i>	
The most recent survey was readily accessible: (Required for Nursing Homes Only) <i>front desk</i>	Staffing information clearly posted: <i>YES</i>	

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	<i>YES</i>	
2. Did residents say they receive assistance with personal care activities? Ex. 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>	
6. Did you observe restraints in use?	<i>NO</i>	
7. If so, did you ask staff about the facility's restraint policies?	<i>N/A</i>	

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	<i>NO</i>	
9. Did you notice unpleasant odors in commonly used areas?	<i>YES</i>	<i>- 85B HALL</i>
10. Did you see items that could cause harm or be hazardous?	<i>YES</i>	<i>- 600 HALL - Holes in flooring</i>
11. Did residents feel their living areas were too noisy?	<i>N/A</i>	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	<i>NO</i>	
13. Were residents able to reach their call bells with ease?	<i>YES</i>	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	<i>YES</i>	

Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<i>N/A</i>	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	<i>N/A</i>	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	<i>YES</i>	
18. Do residents have privacy in making and receiving phone calls?	<i>N/A</i>	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<i>NO</i>	<i>- NOT YET since COVID - should process</i>
20. Does the facility have a Resident's Council? Family Council?	<i>YES</i>	<i>no lthly</i>

Areas of Concern	Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <i>600 Hall holes in flooring, N nursing Rm. 85B Hall odor community involvement return to schedule.</i>		<i>Areas of Concern will be followed up on next visit - 600 Hall - holes in flooring - 85B Hall - odor. - see if community involvement has been scheduled - nursing Rm.</i>

Community Advisory Committee Quarterly/Annual Visitation Report

County: Moore	Facility Type: SNF	Facility Name/Address: The Greens at Pinehurst/205 Rattlesnake Trl, Pinehurst, NC 28374
Visit Date: 11/15/22	Time spent in facility: 55 mins	Arrival time: 11:20 a.m.
Name of person exit interview was held with: Don Brown, Administrator		Interview was held in Person
Committee Members Present: Sandi King, Barbara Hainline, Kathryn Doddridge		Report Completed by: Sandi King
Number of Residents who received personal visits from committee members: 3		
Resident Rights Information is clearly visible: Yes	Ombudsman Contact Info is correct and clearly posted: Yes	
The most recent survey was readily accessible: Yes <i>(Required for Nursing Homes Only)</i>	Staffing information clearly posted: Yes	

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	Yes	Many residents were in their rooms, not in the common areas.
2. Did residents say they receive assistance with personal care activities? <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	Yes	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
4. Were residents interacting with staff, other residents & visitors?	Some	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies?	N/A	

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	No	Urine smell in Hall 100 near resident's room being interviewed. Hallways are very cluttered with linen, wheelchairs, lifts, gerichairs, etc. In the event of a fire, this would promote unsafe evacuation. Did not ask. Outside only, smoking areas fenced in/secure. Call bells were chiming in every hall. While they may have been answered, it is unknown if it was timely and whether or not the CNA turned off the bell, so they continued to chime during the visit.
9. Did you notice unpleasant odors in commonly used areas?	Yes	
10. Did you see items that could cause harm or be hazardous?	Yes	
11. Did residents feel their living areas were too noisy?	N/A	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	Yes	
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	?	

Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Likely	Large calendar with multiple activities listed.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	N/A Yes	Did not address the purchasing of personal items. Resident's monies are available 7 days a week at the front of the facility. Banking hours were posted.
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes.	A variety of menu options are available to all residents. In the 100 hall, residents have the option to dine together, which 8 or so did. Other meals served in the rooms. Administrator advised they are ready to reopen the dining room once the COVID infection rate declines.
18. Do residents have privacy in making and receiving phone calls?	Yes	Mobile phone available to residents.

19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Noted on calendar
20. Does the facility have a Resident's Council? Family Council?	Yes N/A	Resident's Council held monthly. Did not observe Family Council on the calendar, however it does not have to be held monthly so it may exist outside the visit month.
Areas of Concern	Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Yes	Recommend visiting at a time other than coming up on a meal to observe clutter in hallways, or absence of. Revisit resident to ensure toileting needs are met in a timely manner.

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Facility has been remodeled during the pandemic and looked clean, although hallways very cluttered with DME and linens. The facility is licensed for 120 residents and currently has 81. Staffing is adequate for this census.

Administrator on the job <4 months. Seems to have a grasp of the institution. He did tell us that the hallways were cluttered due to it being right before lunchtime and allows for staff to move residents to lunch. However, residents eat their meals in their rooms (for the most part). Suggest revisiting mid afternoon to alleviate that possibility.

Call bells were going continuously, lending to a very irritating noise in the facility.

Community Advisory Committee Quarterly/Annual Visitation Report COVID

County: <u>AC 75/2</u> <u>Moore</u>	Facility Type: <u>MC 26/17</u> <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home / <u>mem. care</u>	Facility Name/Address: <u>owne's way 5 Star Sr Living</u> <u>Fox Hollows Sr Living</u> <u>190 Fox Hollows Rd Pinckney</u>
Visit Date: <u>10/30/22</u>	Time spent in facility: <u>1 hr 10 min</u>	Arrival time: <u>11:44</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: <input checked="" type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title) <u>Nadia Brooks</u>
Committee Members Present: <u>Silva Porter-Deal, Sandy Nusbauer, H. Schillaci</u>		Report Completed by: <u>Helen Schillaci</u>
Number of Residents who received personal visits from committee members <u>5</u>		
Resident Rights Information is clearly visible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman Contact Info is correct and clearly posted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The most recent survey was readily accessible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) <u>in Office.</u>	Staffing information clearly posted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>They don't Post it</u>	

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	<u>Yes (mem. care)</u>	
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	<u>Yes</u>	<u>5 Star catering just took over</u> <u>* plans to upgrade carpet + lighting</u> <u>Residents stated they liked the food</u> <u>Theme horses & golf</u>
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<u>Yes</u>	
4. Were residents interacting with staff, other residents & visitors?	<u>Yes</u>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<u>Yes</u>	
6. Did you observe restraints in use?	<u>No</u>	
7. If so, did you ask staff about the facility's restraint policies?	<u>N/A</u>	

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	<u>N/A</u>	<u>storage odor near elevator</u> <u>NO</u> <u>N/A</u> <u>YES</u> -- back patio on front porch <u>N/A</u> <u>N/A</u>
9. Did you notice unpleasant odors in commonly used areas?	<u>N/A?</u>	
10. Did you see items that could cause harm or be hazardous?	<u>NO</u>	
11. Did residents feel their living areas were too noisy?	<u>N/A</u>	
12. Does the facility accommodate smokers? Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	<u>YES</u>	
13. Were residents able to reach their call bells with ease?	<u>N/A</u>	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	<u>N/A</u>	

Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<u>Yes</u>	<u>outside trips ea mos. by request</u> <u>shopping every other week</u> <u>- have a choice</u> <u>in process of reactivating</u> <u>- Active 3 wks of the mos</u>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	<u>Yes</u>	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	<u>Yes</u>	
18. Do residents have privacy in making and receiving phone calls?	<u>Yes</u>	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<u>Yes</u>	
20. Does the facility have a Resident's Council? Family Council?	<u>Yes</u>	

Areas of Concern	Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <u>No areas of concern</u> <u>strong odor near elevator</u>		Discuss items from "Areas of Concern" Section as well as any changes observed <u>Plans to upgrade lighting & carpeting</u>

Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Moore</u>	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home/m.c.	Facility Name/Address: <u>Adult Care MC</u> <u>Magnolia</u> <u>19/47</u> <u>32/30</u>
Visit Date: <u>9/29/22</u>	Time spent in facility: <u>1 hr 45 min</u>	Arrival time: <u>10:00</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: <u>Kimberly Phifer, Assist. Dir.</u>		Interview was held: <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Phone
<input type="checkbox"/> Admin. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep.		Report Completed by: <u>H. Schillaci</u>
Committee Members Present: <u>Sandy Nussbaum, Helen Schillaci</u>		
Number of Residents who received personal visits from committee members: <u>9</u>		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The most recent survey was readily accessible: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>in memory care NOT in Adult Care</i>	

Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	<u>NO</u>	<i>one resident poor oral hygiene + shirt</i>
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	<u>N/A.</u>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<u>N/A.</u>	
4. Were residents interacting with staff, other residents & visitors?	<u>YES</u>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<u>N/A.</u>	
6. Did you observe restraints in use?	<u>NO</u>	
7. If so, did you ask staff about the facility's restraint policies?	<u>N/A.</u>	

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	<u>YES</u>	
9. Did you notice unpleasant odors in commonly used areas?	<u>YES</u>	<i>200 Hall</i>
10. Did you see items that could cause harm or be hazardous?	<u>YES</u>	<i>308 Threshold rug ripped</i>
11. Did residents feel their living areas were too noisy?	<u>N/A.</u>	
12. Does the facility accommodate smokers? Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	<u>YES</u>	
13. Were residents able to reach their call bells with ease?	<u>YES</u>	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	<u>YES</u>	

Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<u>N/A.</u>	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	<u>N/A.</u>	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	<u>YES + NO</u>	<i>Some said yes, some said no Exc. To eat in dining rm</i>
18. Do residents have privacy in making and receiving phone calls?	<u>YES</u>	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<u>YES.</u>	
20. Does the facility have a <u>Resident's Council</u> ? Family Council?	<u>YES.</u> <u>N/A</u>	

Areas of Concern	Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?		Discuss items from "Areas of Concern" Section as well as any changes observed

Areas of Concern.

Magnolia
8/27/22

during the visit

Exit Summary

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- No name plate on Rm. C husband and wife. Kimberly said it was on order at printer's. (400 hall)
- Ka 308 Rug ripped on threshold.
- Staffing not posted in main bldg. Kimberly stated she would check into it

AREAS of Concern

during the visit

Exit Summary

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1. Using Agency Staffing because of short Staffing
2. hole in floor (100 Hall near 1259 station)

Misty (Adm) - very friendly and knowledgeable about Residents and their issues. for being at this facility for such a short time. She stated her goal was to increase staffing ASAP so as not to rely on agencies. Some Residents of food being too starchy but said they can choose a salad. The D.R. just recently reopened. Residents said cubed beef was suspended in a lousy manner. Hole in floor will be locked etc.

Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>MOORE</u> <small>last date 5/6/18 mc. 38/26</small>	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Adult Care Home / <u>new care</u>	Facility Name/Address: <u>Terra Bella</u> <small>8501d.</small> <u>151 Brucewood Rd S.P.</u>
Visit Date: <u>10/20/20</u>	Time spent in facility: <u>1</u> hr <u>30</u> min	Arrival time: <u>10</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of person exit interview was held with: <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep.		Interview was held: <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone (Name & Title) <u>Jennifer Angel</u> <u>Boss, Office</u>
Committee Members Present: <u>Silva Porter-Dani - Sandy Nussbaum H. Schilbaci</u>		Report Completed by: <u>Helen Schilbaci</u>
Number of Residents who received personal visits from committee members: <u>5</u>		
Resident Rights Information is clearly visible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman Contact Info is correct and clearly posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) <u>NA</u>		Staffing information clearly posted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>in Office</u>
Resident Profile	Yes/No/NA	Comments/Other Observations
1. Do the residents appear neat, clean and odor free?	<u>Yes</u>	Just painted Community Rm New carpet coming decorating in C.A. these NO complaints Terra Bella owned by Discovery Dr. Newsome in Dr.
2. Did residents say they receive assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	<u>Yes</u>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<u>Yes</u>	
4. Were residents interacting with staff, other residents & visitors?	<u>Yes</u>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<u>Yes</u>	
6. Did you observe restraints in use?	<u>No</u>	
7. If so, did you ask staff about the facility's restraint policies?	<u>-</u>	
Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	<u>N/A</u>	wires exposed near (C) outside * - back porch but not inside
9. Did you notice unpleasant odors in commonly used areas?	<u>No</u>	
10. Did you see items that could cause harm or be hazardous?	<u>No</u>	
11. Did residents feel their living areas were too noisy?	<u>No</u>	
12. Does the facility accommodate smokers? Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside/Outside	<u>Yes</u>	
13. Were residents able to reach their call bells with ease?	<u>Yes</u>	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	<u>N/A</u>	
Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<u>Yes</u>	Bingo is favorite Activity Winners get beans to buy pet hygiene items at Walgreens on Fri - these funds are their own personal responsibility Resid Council - many choices + residents can make suggestions
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	<u>Yes</u>	
17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	<u>Yes</u>	
18. Do residents have privacy in making and receiving phone calls?	<u>Yes</u>	
19. Is there evidence of community involvement from other civic volunteer or religious groups?	<u>Yes</u>	
20. Does the facility have a Resident's Council? Family Council?	<u>Yes</u>	
Areas of Concern	Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <u>No Areas of Concern</u>		Discuss items from "Areas of Concern" Section as well as any changes observed. <u>Chg Area decorating/curtaining in process</u>