

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

Friendly visit

County <i>Moore County</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <i>and Living</i>	Facility Name: <i>Country</i>
Visit Date and day of the week <i>Thurs. Jan 7, 2014</i>	Time spent in facility <i>1</i> hours <i>15</i> minutes	Census – current/licensed: <i>40</i> Arrival time <i>11 15 AM</i>
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members <i>8</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>on request</i>	Staffing information clearly posted? <i>on request</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>—</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>yes</i>	<i>- O.K.</i>
9. Did you notice unpleasant odors?	<i>no</i>	
10. Did you see items that could cause harm or be hazardous?	<i>no</i>	
10a. Were unattended med carts locked?	<i>yes</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>yes</i>	
10c. Were rooms containing hazardous materials locked?	<i>yes</i>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<i>yes</i>	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	<i>—</i>	<i>outside</i>
13. Were residents able to reach their call bells with ease?	<i>yes</i>	<i>- have self contained alert badge</i>
14. Did staff answer call bells in a timely & courteous manner?	<i>yes</i>	
14a If no, did you share this with the administrative staff?		

Facility / Date: *Country Jan 7, 2014*

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>—</i>	
16a. Can residents access their monthly needs funds at their convenience?	<i>—</i>	
17. Are residents asked their preferences about meal & snack choices?	<i>yes - committee</i>	
17a. Are they given a choice about where they prefer to dine?	<i>yes</i>	
17b. Did residents express positive opinions regarding their dining experience?	<i>yes</i>	
17c. Is fresh ice water available and provided to residents?	<i>yes</i>	
18. Do residents have privacy in making and receiving phone calls?	<i>—</i>	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	<i>—</i>	<i>Residents</i>
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> <hr/> <p><i>no complaints only praise</i></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <hr/>

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

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

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

Resident Profile	Yes 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>yes</i>	
4. Were residents interacting with staff, other residents & visitors?	<i>yes</i>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<i>yes</i>	
5a. Did staff members wear nametags that are easily read by residents and visitors?	<i>yes</i>	
6. Did you observe restraints in use?	<i>no</i>	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)		

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

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

Resident Services	Yes 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>N/A</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>N/A</i>	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	<i>N/A</i>	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	<i>N/A</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>N/A</i>	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<i>yes</i>	
20. Does the facility have a functioning: Resident's Council? Family Council?	<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?</p> <hr/> <p><i>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> <hr/> <p><i>Facility appeared clean and orderly. All residents were out of their rooms and most participating in activities. Residents active & lively. Discussed Staffing. They have 2 LPNs & med tech & CNA's are contracted. Went to contracted when they were having trouble filling positions.</i></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: <i>The Coventry</i>
Visit date and day of the week <i>2/2/16 Tues.</i>	Time spent in facility hours <i>45</i> minutes	Census: Arrival time <i>9:00 AM</i>
Name of person(s) with whom exit interview was held <i>(Staff Developer) St. Joseph's</i>		Interview was held <input checked="" type="checkbox"/> in person

Committee members present: _____

Number of residents who received personal visits from committee members <i>9</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>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>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>yes</i>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<i>N/A</i>	
12. Does the facility accommodate smokers?	<i>no</i>	
12a. Where? (Outside / inside / both)		
13. Were residents able to reach their call bells with ease?	<i>N/A</i>	
14. Did staff answer call bells in a timely & courteous manner?	<i>N/A</i>	
14a. If no, did you share this with the administrative staff?		

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

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

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? (#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?		

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>None.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>Very nice visit. All residents we spoke with very congenial.</p>

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

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: <i>Penick</i> Census:
Visit Date and day of the week <i>February 2, 2016</i>	Time spent in facility hours <i>30</i> minutes	Arrival time <i>11:05</i>
Name of person(s) with whom exit interview was held <i>This was a friendly visit no interview was needed</i>		Interview was held <input type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members <i>4</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):	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>	
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>	
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>N/A</i>	
10c. Were rooms containing hazardous materials locked?	<i>N/A</i>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<i>N/A</i>	
12. Does the facility accommodate smokers?	<i>N/A</i>	
12a. Where? (Outside / inside / both)		
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:

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?	NR	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	NA	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	NA	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	Yes	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Yes	
17c. Is fresh ice water available and provided to residents?	NA	
18. Do residents have privacy in making and receiving phone calls?	Yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	NA	
20. Does the facility have a functioning: Resident's Council? Family Council?	Yes	

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

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

Friendly visit

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> Census – current/licensed: <i>155</i>
Visit Date and day of the week <i>Thurs Jan 7, 2016</i>	Time spent in facility <i>1</i> hours <i>10</i> minutes	Arrival time <i>10 A.M.</i>
Name of person(s) with whom exit interview was held <i>_____</i>		Interview was held <input type="checkbox"/> in person
Committee members present: <i>_____</i>		
Number of residents who received personal visits from committee members <i>10</i>		Report completed by: <i>_____</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>on request</i>	Staffing information clearly posted? <i>on request</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>	<i>- one resident refused care - on our visit she wanted assistance - we alerted the staff to the change and they provided care.</i>
2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses)	<i>yes</i>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<i>yes</i>	
4. Were residents interacting with staff, other residents & visitors?	<i>yes</i>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<i>yes</i>	
5a Did staff members wear nametags that are easily read by residents and visitors?	<i>yes</i>	
6. Did you observe restraints in use?	<i>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>—</i>	<i>elts O.K!</i>
9. Did you notice unpleasant odors?	<i>no</i>	
10. Did you see items that could cause harm or be hazardous?	<i>no</i>	
10a. Were unattended med carts locked?	<i>yes</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>yes</i>	
10c. Were rooms containing hazardous materials locked?	<i>yes</i>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<i>yes</i>	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	<i>outside</i>	
13. Were residents able to reach their call bells with ease?	<i>yes</i>	
14. Did staff answer call bells in a timely & courteous manner?	<i>yes</i>	
14a If no, did you share this with the administrative staff?	<i>—</i>	

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

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

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>	<i>- committee</i>
15a. Was a current activity calendar posted in the facility?	<i>yes</i>	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	<i>yes</i>	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<i>-</i>	
16a. Can residents access their monthly needs funds at their convenience?	<i>-</i>	
17. Are residents asked their preferences about meal & snack choices?	<i>yes</i>	
17a. Are they given a choice about where they prefer to dine?	<i>yes</i>	<i>each area has its own dining facility other than "in room".</i>
17b. Did residents express positive opinions regarding their dining experience?	<i>yes</i>	
17c. Is fresh ice water available and provided to residents?	<i>yes</i>	
18. Do residents have privacy in making and receiving phone calls?	<i>yes</i>	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	<i>yes</i>	<i>- seeing visitors by Deacon</i>
20. Does the facility have a functioning: Resident's Council? Family Council?	<i>yes</i>	<i>Residents</i>

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?
<i>No Complaints</i>	

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

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

Facility/ Date

Culture Change / Person Centered Thinking	Comments/Responses
<p>1. Directed to residents –</p> <ul style="list-style-type: none"> a. What is one thing you would change here to make your life better? 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? c. What's important to you while dining? d. What would make your dining experience here more like home? e. Is listening to music something you've enjoyed? 	<p><i>"going home"</i></p> <p><i>yes</i></p> <p><i>time</i></p> <p><i>more southern choices</i></p> <p><i>no/yes</i></p>
<p>2. Directed to the administrator or supervisor-in-charge</p> <ul style="list-style-type: none"> a. What are you doing to incorporate residents' wants and needs in every aspect of their lives and assure a home-like environment? b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents? c. What are you doing to make the dining experience a pleasant one for your residents? d. Are you offering personalized music to your residents? 	

**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	Brookdale Carolina House <i>census 53</i>
Thursday February 4, 2016	Time spent in facility hours 50 minutes	Arrival time 11 am
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <i>Inda Thompson, Brenda Dickler, S. Duff</i>		
Number of residents who received personal visits from committee members 7		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?	Yes	
5a. Did staff members wear nametags that are easily read by residents and visitors?	No	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)	na	

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

Facility / date:

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. Resident trust funds are available Daily. 2. Community singing involved many of the residents
15a. Was a current activity calendar posted in the facility?	Yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	Yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Na	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	Na	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	Yes	
17a. Are they given a choice about where they prefer to dine?	No	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Yes	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	yes 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?
None	No areas of concern

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

County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home Nursing Home	Facility Name Elmcroft Census 43 – capacity 46
Visit date and day of the week 1/5/2016 - Tuesday	Time spent in facility .75 hour	Arrival time 1:30
Name of person(s) with whom exit interview was held		Interview was held in person Yes
Committee members present: Heller		
Number of residents who received personal visits from committee members 3		Report completed by:
Resident Rights information is clearly posted?	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?	Y	
2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses)	NA	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	NA	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	NA	
5a Did staff members wear nametags that are easily read by residents and visitors?	Y	
6. Did you observe restraints in use?	NA	
7. If so, did you ask staff about the facility's restraint policies? (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?	N	
10. Did you see items that could cause harm or be hazardous?	N	
10a. Were unattended med carts locked?	Y	
10b. Were bathrooms clean, odor-free and free from hazards?	Y	
10c. Were rooms containing hazardous materials locked?	Y	
11. Did residents feel their living areas were kept at a reasonable noise level?	NA	
12. Does the facility accommodate smokers?	N	
12a Where? (Outside / inside / both)		
13. Were residents able to reach their call bells with ease?	NA	
14. Did staff answer call bells in a timely & courteous manner?	NA	
14a If no, did you share this with the administrative staff?		

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

Resident Services	Yes 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	
15a Was a current activity calendar posted in the facility?	Y	
15b Were activities scheduled to occur at the time of your visit actually occurring?	Y	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	NA	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay full cost OTC drugs)	NA	
17. Are residents asked their preferences about meal & Snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	Y	
17a. Are they given a choice about where they prefer to dine?	Y	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Y	
17c. Is fresh ice water available and provided to residents?	Y	
18. Do residents have privacy in making and receiving phone calls?	Y	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	NA	
20. Does the facility have a functioning Resident's Council? Family Council?	NA	

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>One resident had difficulty hearing the entire message on the facility-wide intercom.</p> <p>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>Discussed the intercom issue during exit interview and were told that they would start to repeat the message two times in order to give the residents a better opportunity to hear the announcements.</p>

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

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Manor Care Health Services Pinehurst</i> Census – current/licensed: <i>101</i>
Visit Date and day of the week <i>2/4/16 Thursday</i>	Time spent in facility <i>1</i> hours <i>00</i> minutes	Arrival time <i>10:00 AM</i>
Name of person(s) with whom exit interview was held <i>1 - Mr. [unclear] [unclear]</i>	Interview was held <input checked="" type="checkbox"/> in person	
Committee members present: <i>[unclear]</i>		
Number of residents who received personal visits from committee members <i>5</i>		Report completed by: <i>[unclear]</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>May 15, 2015 (Lobby for review by public)</i>	Staffing information clearly posted? <i>yes</i> <i>CNA - 1-18 pts</i> <i>RN - 4</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>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? Note: By regulation smoking is only permitted <u>outside</u> of the Building	<i>yes</i>	<i>Use a smoking apron</i>
13. Were residents able to reach their call bells with ease?	<i>yes</i>	
14. Did staff answer call bells in a timely & courteous manner?	<i>yes</i>	
14a If no, did you share this with the administrative staff?	<i>N/A</i>	

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

Facility / Date: Manor Care 2/4/14

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?	yes	
16a. Can residents access their monthly needs funds at their convenience?	yes	
17. Are residents asked their preferences about meal & snack choices?	yes	
17a. Are they given a choice about where they prefer to dine?	yes	
17b. Did residents express positive opinions regarding their dining experience?	yes	
17c. Is fresh ice water available and provided to residents?	yes	
18. Do residents have privacy in making and receiving phone calls?	yes	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	yes	
20. Does the facility have a functioning: Resident's Council? 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? <i>None</i>	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. (Does the facility have needs that the committee or community could help address?) <i>None</i>
	<i>There are Veterans at Manor Care and on National Holidays for Veterans something special is done for them.</i>

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

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

Culture Change / Person Centered Thinking	Comments/Responses
<p>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><i>Nothing</i></p> <p><i>yes</i></p> <p><i>quiet - good relationship with others at my table</i></p> <p><i>Nothing</i></p> <p><i>yes</i></p>
<p>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><i>Meet & Family and develop a Family Care Plan</i></p> <p><i>yes</i></p> <p><i>(manager care) Let them sit & friends or have visitors dine & them.</i></p> <p><i>yes</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>Peak Resources / PineLake</i> Census – current/licensed: <i>81/90 16/20</i>
Visit Date and day of the week <i>Thurs. Jan 7 2016</i>	Time spent in facility <i>1</i> hours <i>30</i> minutes	Arrival time <i>1000</i>
Name of person(s) with whom exit interview was held <i>J. P. ... Administrator</i>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <i>...</i>		
Number of residents who received personal visits from committee members <i>6</i>		Report completed by: <i>...</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>Yes</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>Yes</i>	
2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses)	<i>Yes</i>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<i>Yes</i>	
4. Were residents interacting with staff, other residents & visitors?	<i>Yes</i>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<i>Yes</i>	
5a. Did staff members wear nametags that are easily read by residents and visitors?	<i>Yes</i>	
6. Did you observe restraints in use?	<i>NO</i>	
7. If so, did you ask staff about the facility's restraint policies? Note: Do not ask about confidential information without consent		

Resident Living Accommodations	Yes 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>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? Note: By regulation smoking is only permitted outside of the Building	<i>NO</i>	
13. Were residents able to reach their call bells with ease?	<i>Yes</i>	
14. Did staff answer call bells in a timely & courteous manner?	<i>N/A</i>	
14a. If no, did you share this with the administrative staff?		

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

Facility / Date:

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

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

Facility/ Date

Culture Change / Person Centered Thinking	Comments/Responses
<p>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>More privacy More visits from family</p> <p>Sometimes</p> <p>No comments</p> <p>Smaller groups - less noise</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 Residents council</p> <p>If possible</p> <p>More variety</p> <p>Not asked</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>Tara Plantation</i> Census – current/licensed: <i>70/80</i>
Visit Date and day of the week <i>Tues Jan 7 2016</i>	Time spent in facility <i>1</i> hours <i>30</i> minutes	Arrival time <i>1145</i>
Name of person(s) with whom exit interview was held <i>I</i>		Interview was held <input checked="" type="checkbox"/> in person

Committee members present: _____

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

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

Facility / Date:

Resident Services	Yes 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?	Yes	
17. Are residents asked their preferences about meal & snack choices?	N/A	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience?	Yes	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Yes	
20. Does the facility have a functioning: Resident's Council? 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> <hr/> <p>One resident expressed concern over not having C-Pap machine for 1 week.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <hr/> <p>Upon questioning the resident was able to use the machine even though a part was being ordered.</p>

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

Facility/ Date

Culture Change / Person Centered Thinking	Comments/Responses
<p>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>Family visits</p> <p>Sometimes</p> <p>Good food</p> <p>No Response</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>If possible</p> <p>using fresh-home grown food when available</p> <p>yes</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: Fox Hollow Census: 64
Visit Date and day of the week 2/11/16	Time spent in facility 1 hours 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 6-8		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):	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)	N/A	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	
4. Were residents interacting with staff, other residents & visitors?	Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	N/A	
5a. Did staff members wear nametags that are easily read by residents and visitors?	Yes	
6. Did you observe restraints in use?	NO	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)		

Resident Living Accommodations	Yes 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? (Outside / inside / both)	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?		
14a. If no, did you share this with the administrative staff?		

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

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

Facility / Date:

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

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

This was meant to be a friendly visit

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>Pine Lake</i>
Visit Date and day of the week <i>2/10/16</i>	Time spent in facility <i>1</i> hours <i>15</i> minutes	Census - current/licensed: Arrival time <i>10:45 - 12</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? <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 <i>Staff friendly</i>	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	<i>No</i>	<i>odor from 200 hall - poss. from Resident in wheel chair - AM care was still being done @ 12 noon</i> <i>friendly staff</i> <i>one resident unable to clearly communicate had his 30s visiting</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>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>N/A</i>	<i>200 hall</i> <i>outside Cigarettes under lock & key not allowed on person or in Rm</i> <i>Call bell going off for more than 2 min we asked the Nurse at the desk to respond</i>
9. Did you notice unpleasant odors?	<i>yes</i>	
10. Did you see items that could cause harm or be hazardous?	<i>N/A</i>	
10a. Were unattended med carts locked?	<i>N/A</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>N/A</i>	
10c. Were rooms containing hazardous materials locked?	<i>N/A</i>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<i>N/A</i>	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	<i>yes</i>	
13. Were residents able to reach their call bells with ease?		
14. Did staff answer call bells in a timely & courteous manner?	<i>NO</i>	
14a If no, did you share this with the administrative staff?		

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

Resident Services	Yes 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?	N/A	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A	
16a. Can residents access their monthly needs funds at their convenience?	N/A	
17. Are residents asked their preferences about meal & snack choices?	N/A	resident c/o inconsistent meal times Resident c/o refrig. being denied her after she had it in her room for a long time. No microwave either
17a. Are they given a choice about where they prefer to dine?	N/A	
17b. Did residents express positive opinions regarding their dining experience?	—	
17c. Is fresh ice water available and provided to residents?	N/A	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	N/A	
20. Does the facility have a functioning: Resident's Council? Family Council?		

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Resident with no mobility. limited limited communication skills. Son visiting said it was difficult to reposition him because of his contractures.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>① Questioned the positioning policy and the need for good skin care.</p> <p>② Resident c/o refrig & microwave no longer allowed - pt was upset because she had always had the use before. Adm. said this was their new policy.</p> <p>③ c/o inconsistent meal times.</p> <p>④ Town mtgs for staff - Adm. was excited to begin competitive objectives with prizes for the staff</p> <p>⑤ Changing bedrooms to pair one person who can use a bath room with a person who cannot use it.</p>

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>Lara</i> Census: <i>71/80</i>
Visit Date and day of the week <i>Wed. 2/10/16</i>	Time spent in facility hours <i>45</i> minutes	Arrival time <i>12:15 PM</i>
Name of person(s) with whom exit interview was held <i>[Handwritten]</i>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <i>[Handwritten]</i>		
Number of residents who received personal visits from committee members <i>Five</i>		Report completed by: <i>NA</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>NA</i>	

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

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

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

Resident Services	Yes 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?	no	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A	15b - We were there at lunch time & found 16 residents at their table.
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	17a - Most are in the dining room.
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	some	17b - Some positive.
17c. Is fresh ice water available and provided to residents?	N/A	this day, amount of food left on plates.
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><i>no issues for follow up</i></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p><i>Discussed recent laundry fire with NHA, and its rapid resolution.</i></p>

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

County <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 N39</i> <i>72 / 144</i> Census – current/licensed:
Visit Date and day of the week <i>1/20/16 Wed.</i>	Time spent in facility <i>1</i> hours <i>0</i> minutes	Arrival time <i>11:28</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>6</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	<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>	<i>- when asked residents say it is not like home but it is the best option</i>
9. Did you notice unpleasant odors?	<i>No.</i>	
10. Did you see items that could cause harm or be hazardous?	<i>NO.</i>	
10a. Were unattended med carts locked?	<i>yes</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>yes</i>	
10c. Were rooms containing hazardous materials locked?	<i>yes</i>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<i>yes.</i>	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	<i>yes</i>	
13. Were residents able to reach their call bells with ease?	<i>yes.</i>	
14. Did staff answer call bells in a timely & courteous manner?	<i>yes</i>	
14a If no, did you share this with the administrative staff?	<i>—</i>	

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

Facility / Date:

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

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

Quarterly/Annual Visitation Report

County: <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Israel Haven</i> Census: <i>41/60 Cottages/Boil</i>
Visit Date and day of the week: <i>Wed. 2/10/16 1/20/16</i>	Time spent in facility <i>1</i> hours <i>00</i> minutes	Arrival time: <i>10:30</i> <i>6/16</i>
Name of person(s) with whom exit interview was held <i>Rep. from Corporation Wilmington</i>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members <i>seven</i>		Report generated 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>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>some</i>	<i>8. pleased with facility & care</i>
9. Did you notice unpleasant odors?	<i>no</i>	
10. Did you see items that could cause harm or be hazardous?	<i>no</i>	
10a. Were unattended med carts locked?	<i>yes</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>yes</i>	
10c. Were rooms containing hazardous materials locked?	<i>yes</i>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<i>N/A</i>	
12. Does the facility accommodate smokers?	<i>N/A</i>	
12a. Where? (Outside / inside / both)	<i>N/A</i>	
13. Were residents able to reach their call bells with ease?	<i>yes</i>	
14. Did staff answer call bells in a timely & courteous manner?	<i>yes</i>	
14a. If no, did you share this with the administrative staff?		

Jupild Hauer 1/20/16

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

Areas of Concern	Exit Summary
<p data-bbox="84 1123 820 1192">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="84 1192 820 1528"><i>no issues for follow up.</i></p>	<p data-bbox="820 1123 1546 1291">Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p data-bbox="820 1291 1546 1528"><i>Lengthy discussion with NHA and Corporate rep. about transition from non-profit to for-profit status.</i></p>

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

County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Sand Hills Memory Care</i> Census: <i>15 Memory Care; 16 Ass't Living</i> <i>Capacity = 100</i>
Visit date and day of the week <i>Jan. 20, 2016, Wed.</i>	Time spent in facility hours <i>50</i> minutes	Arrival time <i>2 PM</i>
Name of person(s) with whom exit interview was held <i>Memory Care Director</i>		Interview was held <input checked="" type="checkbox"/> in person

Committee members present:	Number of residents who received personal visits from committee members <i>0</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>yes</i>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<i>yes</i>	
4. Were residents interacting with staff, other residents & visitors?	<i>yes</i>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<i>yes</i>	
5a. Did staff members wear nametags that are easily read by residents and visitors?	<i>yes</i>	
6. Did you observe restraints in use?	<i>no</i>	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)		

Resident Living Accommodations	Yes 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>	<i>Fresh Smell!</i>
10. Did you see items that could cause harm or be hazardous?	<i>no</i>	
10a. Were unattended med carts locked?	<i>yes</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>no</i>	<i>200 hall bathroom towels on floor. Staff would be taken care of after</i>
10c. Were rooms containing hazardous materials locked?	<i>N/A</i>	<i>CNA had resident sock in room. A common procedure.</i>
11. Did residents feel their living areas were kept at a reasonable noise level?	<i>N/A</i>	
12. Does the facility accommodate smokers?	<i>yes</i>	
12a. Where? (Outside / inside / both)		
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: Sandhills Memory Care; 1/20/16

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

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Memory Care Unit. Some beds unmade because residents get in and out whenever during the day.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>Clean fresh and everyone seemed to be taken care of Several therapists in building. *One reported everytime he is here lots going on. Really a good facility.</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 checked="" type="checkbox"/> Nursing Home	Facility Name Fox Hollow Cap. 77 Census 14 in Memory Care
Visit date and day of the week January 5, 2016, Tuesday	Time spent in facility 45 min..	Arrival time 11:45am
Name of person(s) with whom exit interview was held _____, Administrator		Interview was held in person Yes
Committee members present:		
Number of residents who received personal visits from committee members 1 resident, LPN in Memory Care		Report completed by:
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted: Yes	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : N/A	Staffing information clearly posted At the nurses' station N/A	

Resident Profile	Yes 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)	N/A	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N/A	
4. Were residents interacting with staff, other residents & visitors?	Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Yes	
5a Did staff members wear nametags that are easily read by residents and visitors?	Yes	
6. Did you observe restraints in use?	No	
7. If so, did you ask staff about the facility's restraint policies? (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?	N/A	
12. Does the facility accommodate smokers?	N/A	
12a Where? (Outside / inside / both)		
13. Were residents able to reach their call bells with ease?	N/A	
14. Did staff answer call bells in a timely & courteous manner?	N/A	
14a If no, did you share this with the administrative staff?		

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

Resident Services	Yes 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? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay full cost OTC drugs)	N/A	
17. Are residents asked their preferences about meal & Snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	N/A	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?		
17c. Is fresh ice water available and provided to residents?	N/A	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	Yes Yes	

~~Residents~~

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>None</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>We met with ~~~ to tell her everything looked good and we had a positive conversation with LPN in Memory Care The residents in Memory Care were eating lunch in their dining room and it is served family style. Everyone was eating and the food looked good and smelled good.</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 Kingswood Census
Visit date and day of the week 1/6/16, Tuesday	Time spent in facility 2 hours	Arrival time 9:30AM
Name of person(s) with whom exit interview was held Social Worker		Interview was held in person Yes
Committee members present		
Number of residents who received personal visits from committee members 12		Report completed by:
Resident Rights information is clearly posted? Y	Ombudsman contact information is correct and clearly posted: Y	
The most recent survey was readily accessible Y (Required for NHs only – record date of most recent survey posted) : 3/15	Staffing information clearly posted At the nurses' station N/A	

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?	Y	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	N/A	
5a Did staff members wear nametags that are easily read by residents and visitors?	Y	
6. Did you observe restraints in use?	N	
7. If so, did you ask staff about the facility's restraint policies? (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?	N	
10b. Were bathrooms clean, odor-free and free from hazards?	N/A	
10c. Were rooms containing hazardous materials locked?	N/A	
11. Did residents feel their living areas were kept at a reasonable noise level?	N/A	
12. Does the facility accommodate smokers?	N/A	
12a Where? (Outside / inside / both)		
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner?	N/A	
14a If no, did you share this with the administrative staff?		

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

Resident Services	Yes 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?	Y	
15b Were activities scheduled to occur at the time of your visit actually occurring?	Y	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay full cost OTC drugs)	N/A	
17. Are residents asked their preferences about meal & Snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	N	
17a. Are they given a choice about where they prefer to dine?	Y	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?		
17c. Is fresh ice water available and provided to residents?	N/A	
18. Do residents have privacy in making and receiving phone calls?	Y	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Y	Snacks given to residents, not asked preferences. Resident stated she and several other residents prefer to eat in room. Residents may use cell phones.
20. Does the facility have a functioning: Resident's Council? Family Council?		Residents

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Residents not understanding they have alternative food menus. Snacks given to residents not asked preferences.</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>Dietary Mgr. at Exit Meeting said he will address the residents understanding alternative menu and snack preferences.</p> <p>Good Housekeeping</p> <p>Cell phone sign will be changed to add "staff not allowed to use cell phones" in facility</p> <p>Discussed residents that do not have family/visitors.</p>
EXIT INTERVIEW:	

**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: St. Joseph Census -- current/licensed: 154
Visit Date and day of the week Feb. 2, 2016 Tues.	Time spent in facility 1 hours 30 minutes	Arrival time 9:45
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members 10		Report completed by:
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted: Yes	
The most recent survey was readily accessible N/A (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	9. Odor in 800 hall
2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses)	N/A	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N/A	
4. Were residents interacting with staff, other residents & visitors?	yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	yes	
5a Did staff members wear nametags that are easily read by residents and visitors?	yes	
6. Did you observe restraints in use?	no	
7. If so, did you ask staff about the facility's restraint policies? 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	12. Smoke Free Campus 14. Resident in 600 hall waited 1 ½ hrs. for Call bell to be answered.
9. Did you notice unpleasant odors?	yes	
10. Did you see items that could cause harm or be hazardous?	no	
10a. Were unattended med carts locked?	yes	
10b. Were bathrooms clean, odor-free and free from hazards?	no	
10c. Were rooms containing hazardous materials locked?	yes	
11. Did residents feel their living areas were kept at a reasonable noise level?	yes	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	See note	
13. Were residents able to reach their call bells with ease?	yes	

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

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

Resident Services	Yes 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?	N/A	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A	
16a. Can residents access their monthly needs funds at their convenience?	N/A	
17. Are residents asked their preferences about meal & snack choices?	yes	
17a. Are they given a choice about where they prefer to dine?	yes	
17b. Did residents express positive opinions regarding their dining experience?	yes	
17c. Is fresh ice water available and provided to residents?	yes	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	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>Delay in answering call bell of 1 ½ hr. 800 hall spa bath needed attention Phones of workers being used during work hours</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">that 800 hall spa is addressed.</p> <p>She will address the issue in 600 hall with the nurse supervisor of all the shifts and they in turn will speak to all the residents on 600 hall and assure them that the time issue is being addressed and that they should not be afraid to report such issues.</p> <p>She will also address the issue of workers using cell phones and other phones during working hours.</p> <p>2b. last page. They are providing consistent -assignment of caregivers to residents .</p>