

**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: Pinehurst Health Care Census: 79 residents
Visit Date and day of the week 5-11-16	Time spent in facility 1 hours 15 minutes	Arrival time 12:25
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 14		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): Recent survey 3-21-16	Staffing information clearly posted? Yes	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	
2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses)	Yes	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	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	
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?	Yes	
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?	NA	
15a. Was a current activity calendar posted in the facility?	Yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	Yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	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)	Yes	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	Yes	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Most	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	NA	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	Yes Yes	

Areas of Concern	Exit Summary
<p data-bbox="81 1122 791 1189">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="97 1211 544 1267">None at this time</p>	<p data-bbox="815 1133 1508 1290">Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p>

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

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</i>
Visit Date and day of the week <i>Tuesday, April 5, 2016</i>	Time spent in facility <i>1</i> hours <i>00</i> minutes	Census: <i>84</i> Arrival time <i>3:05 pm</i>
Name of person(s) with whom exit interview was held <i>Interim 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>4</i>		Report completed by: <i>g</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>in Lobby - Last Survey 2/26/16</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>N/A</i>	
9. Did you notice unpleasant odors?	<i>No</i>	
10. Did you see items that could cause harm or be hazardous?	<i>No</i>	
10a. Were unattended med carts locked?	<i>yes</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>yes</i>	
10c. Were rooms containing hazardous materials locked?	<i>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? (<i>Outside</i> / 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?		

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

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

County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Brookdale
Visit date and day of the week 4/5/16 Tues	Time spent in facility 1 hours minutes	Census: 51 Cap. 76 Arrival time 3:00 pm
Name of person(s) with whom exit interview was held D		Interview was held <input checked="" type="checkbox"/> in person

Committee members	Report completed by: J
Nun. 2 residents who received personal visits from committee members	
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?	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?	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?	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?		
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?	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.)	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)?	N/A	
17c. Is fresh ice water available and provided to residents?		
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
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?
No concerns.	

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

County Moore	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Mary Manor Census: 5
Visit Date and day of the week 4-27-16	Time spent in facility hours 45 minutes	Arrival time
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 We interacted with all 5 residents		Report completed by:
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted: Yes	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted):	Staffing information clearly posted? Yes	

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

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?	NA	
10b. Were bathrooms clean, odor-free and free from hazards?	Yes	
10c. Were rooms containing hazardous materials locked?	NA	
11. Did residents feel their living areas were kept at a reasonable noise level?	Yes	
12. Does the facility accommodate smokers?	NA	
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?		

F.V

Community Advisory Committee Quarterly/Annual Visitation Report		
County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: <i>Magnolia Gardens</i>
Visit date and day of the week <i>Tues. 5/3/16</i>	Time spent in facility <i>1</i> hours <i></i> minutes	Census: Arrival time
Name of person(s) with whom exit interview was held <i>N/A</i>		Interview was held <input type="checkbox"/> in person
Committee member		
Number of residents who received personal visits from committee members <i>3-5</i>		
Resident Rights information is clearly posted? <i>yes</i>	Ombudsman contact information is correct and clearly posted: <i>yes</i>	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) :	Staffing information clearly posted? <i>yes</i>	

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

** 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?	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?		
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><i>No concerns at this time.</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>

**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 <i>Penick</i>	Facility Name: <i>Penick NH</i> Census: <i>48 -</i>
Visit date and day of the week <i>Thur- April 7/16</i>	Time spent in facility <i>1</i> hours <i>00</i> minutes	Arrival time <i>1000</i>
Name of person(s) with whom exit interview was held <i>Chief Operating Officer</i>		Interview was held <input checked="" type="checkbox"/> in person
Committed members present: <i>2</i>		
Number of residents who received personal visits from committee members <i>5-6</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):	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?		
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?		
12a Where? (<i>Outside</i> / 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

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

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?
No Concerns	We met current Chief Operating Officer We explained our CAC Program to him - Gave him a Blank Visitation Report & a CAC Brochure

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

County: MOORE	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Elmcroft Census: ELMCROFT } 71 HEARTLAND
Visit Date and day of the week Thursday, May 5, 2016	Time spent in facility hours 45 minutes	Arrival time 10⁰⁰ AM
Name of person(s) with whom exit interview was held Executive Director		Interview was held <input checked="" type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members 5-7		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):	Staffing information clearly posted? yes	

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

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?	yes	Several Residents told us they liked their home and were treated well.
10. Did you see items that could cause harm or be hazardous?	NO	
10a. Were unattended med carts locked?	NO	
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?	N/A	
12a. Where? (<u>Outside</u>) / inside / both	yes	
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	

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	Pitchers of Ice H ₂ O & Juice available @ all times in common areas -
15a. Was a current activity calendar posted in the facility?	YES	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	YES	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	YES	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)		
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	YES	
17a. Are they given a choice about where they prefer to dine?	YES	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?		
17c. Is fresh ice water available and provided to residents?	YES	
18. Do residents have privacy in making and receiving phone calls?		
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?	YES	

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>NONE 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> <p>Ex. director, ... states things are running smoothly @ present -</p>

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

County: <u>MOORE</u>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home / <u>MEMORY CARE</u> <input type="checkbox"/> Nursing Home	Facility Name: <u>Heartland</u> (71)
Visit Date and day of the week <u>MAY 5 2016</u>	Time spent in facility <u>1</u> hours <u> </u> minutes	Census: <u>Heartland + Elmerost</u> Arrival time <u>1145</u>
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <u> </u>		
Number of residents who received personal visits from committee members <u>large group - Activity Room</u>		Report completed by: <u> </u>
Resident Rights information is clearly posted? <u>Yes</u>	Ombudsman contact information is correct and clearly posted: <u>Yes</u>	
The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted):	Staffing information clearly posted? <u>Yes</u>	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	<u>Yes</u>	<u>OBVIOUS - All Residents were neat - Groomed</u>
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)	<u>N/A</u>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<u>Yes</u>	
4. Were residents interacting with staff, other residents & visitors?	<u>Yes</u>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<u>Yes</u>	
5a. Did staff members wear nametags that are easily read by residents and visitors?	<u>Yes</u>	
6. Did you observe restraints in use?	<u>NO</u>	
7. If so, did you ask staff about the facility's restraint policies? (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?	<u>N/A</u>	<u>13 - Only one Resident in room + ONE Receiving P.T. -</u>
9. Did you notice unpleasant odors?	<u>NO</u>	
10. Did you see items that could cause harm or be hazardous?	<u>NO</u>	
10a. Were unattended med carts locked?	<u>Yes</u>	
10b. Were bathrooms clean, odor-free and free from hazards?	<u>Yes</u>	
10c. Were rooms containing hazardous materials locked?	<u>Yes</u>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<u>N/A</u>	
12. Does the facility accommodate smokers?	<u>N/A</u>	
12a. Where? (Outside / inside / both)		
13. Were residents able to reach their call bells with ease?	<u>Yes</u>	
14. Did staff answer call bells in a timely & courteous manner?	<u>Yes</u>	
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?	N/A	15b. The Activity room was packed & residents having fun - Balloon toss - music - Dancing with staff. Laughing + <u>Alert</u> . 17a Most eat in dining room while being observed.
15a. Was a current activity calendar posted in the facility?	Yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	Yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?		
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	N/A	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	Yes	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?		
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
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? None noted.	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? _____, Executive Director, sts. No problems @ present - Census is good - 2 or 3 pts Residents have expired but Prospects for New admissions

**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: Brookdale
Visit Date and day of the week Tues. May 3, 2016	Time spent in facility hours 45 minutes	Census: 52 Arrival time
Name of person(s) with whom exit interview was held FRIENDLY VISIT		Interview was held <input type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members 6		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? 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?	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?	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?	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?	N/A	
10b. Were bathrooms clean, odor-free and free from hazards?	N/A	
10c. Were rooms containing hazardous materials locked?	yes	
11. Did residents feel their living areas were kept at a reasonable noise level?	N/A	
12. Does the facility accommodate smokers?		
12a. Where? (Outside / inside / both)		
13. Were residents able to reach their call bells with ease?	N/A	
14. Did staff answer call bells in a timely & courteous manner?	N/A	
14a. If no, did you share this with the administrative staff?		

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

Facility / date: Brookdale 5/3/16

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?		
15a. Was a current activity calendar posted in the facility?	yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	no	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	N/A	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	N/A	
17a. Are they given a choice about where they prefer to dine?	yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	(yes/no)	2 different residents expressed a like and a not so good response
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?	yes	
Family Council?	yes	

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>No areas of concern - It was lunch time and most were eating or on way to dining room Met new RN - Christine Jones</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>None Friendly Visit</p>

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

County: Moore	Facility Type X Family Care Home Adult Care Home Nursing Home	Facility Name The Pines Census 6/6
Visit date and day of the week April 27, 2016, Wednesday	Time spent in facility 1 hr.	Arrival time 10:30 AM
Name of person(s) with whom exit interview was held ② The Pines		Interview was held in person Yes
Committee members present:		
Number of residents who received personal visits from committee members 4		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 (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?	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?	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?	Y	
5a Did staff members wear nametags that are easily read by residents and visitors?	NA	
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)	NA	

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?	NA	
10b. Were bathrooms clean, odor-free and free from hazards?	Y	
10c. Were rooms containing hazardous materials locked?	NA	
11. Did residents feel their living areas were kept at a reasonable noise level?	NA	
12. Does the facility accommodate smokers?	NA	
12a Where? (Outside / inside / both)	NA	
13. Were residents able to reach their call bells with ease?	NA	
14. Did staff answer call bells in a timely & courteous manner?	NA	
14a If no, did you share this with the administrative staff?		

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

The Pines, April 27, 2016

Facility / Date, Penick Assisted, August 6, 2015

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Y	Residents said there was no entertainment, just TV They all eat meal in dining area
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?	NA	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	NA	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay 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?	N	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Y	
17c. Is fresh ice water available and provided to residents?	NA	
18. Do residents have privacy in making and receiving phone calls?	NA	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	NA	
20. Does the facility have a functioning: Resident's Council? Family Council?	NA	

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?
NO AREAS OF CONCERN	
Residents want more options for activities besides TV	We suggested books on tape t - ; she said she would need to get books on tape from Raleigh. We suggested using the libraries. She will look into it.
EXIT INTERVIEW:	

**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>Renick Assisted Living 9 m cottage</i> Census - current/licensed: <i>26 Assisted Living</i>
Visit Date and day of the week <i>Thursday April 7 2016</i>	Time spent in facility <i>2</i> hours - minutes	Arrival time <i>10 A.M.</i>
Name of person(s) with whom exit interview was held <i>Administrator</i>		Interview was held <input checked="" type="checkbox"/> in person
Committed members present:		
Number of residents who received personal visits from committee members <i>2 m cottage 3 m Assisted Living</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>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>yes</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>	
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>	<i>no smoke free campus</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>yes</i>	

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

Facility / Date: Penick Assisted Living

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	7 new activity director for all facilities - daily schedule
15a. Was a current activity calendar posted in the facility?	yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	—	
16a. Can residents access their monthly needs funds at their convenience?	—	
17. Are residents asked their preferences about meal & snack choices?	yes	
17a. Are they given a choice about where they prefer to dine?	yes	
17b. Did residents express positive opinions regarding their dining experience?	yes	
17c. Is fresh ice water available and provided to residents?	yes	
18. Do residents have privacy in making and receiving phone calls?	—	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	yes	Religious groups were shared
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><i>no concerns</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
Culture Change Addendum**

Facility/ Date *Cereck Assd. Living*

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>go home</i></p> <p><i>yes</i></p> <p><i>} social activity - talking</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>encourage to join activities</i></p> <p><i>yes</i></p> <p><i>offering choices</i></p> <p><i>no</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 type="checkbox"/> Nursing Home	Facility Name: <i>Fox Hollow</i> Census - current/licensed: <i>68</i>
Visit Date and day of the week <i>Thurs. May 5, 2014</i>	Time spent in facility <i>1</i> hours - <i>0</i> minutes	Arrival time <i>10 A.M.</i>
Name of person(s) with whom exit interview was held <i>Admin. Director</i>		Interview was held <input checked="" type="checkbox"/> in person

Committee members present:	Report completed by:
Number of residents who received personal visits from committee members <i>2 in Memory Care 6 in Assisted Living</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>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>-</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>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>yes</i>	<i>in back garden off Living Room</i>
13. Were residents able to reach their call bells with ease?	<i>yes</i>	
14. Did staff answer call bells in a timely & courteous manner?	<i>yes</i>	
14a. If no, did you share this with the administrative staff?		

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

Facility / Date: Lex Hollow May 5, 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?	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	- but choice of time
17a. Are they given a choice about where they prefer to dine?	no	
17b. Did residents express positive opinions regarding their dining experience?	good	
17c. Is fresh ice water available and provided to residents?	yes	
18. Do residents have privacy in making and receiving phone calls?	yes	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	yes	
20. Does the facility have a functioning: Resident's Council? Family Council?		yes

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

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

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

Facility/ Date *Fox Hollow May 5, 2016*

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>So be able to go home</i></p> <p><i>Yes</i></p> <p><i>Talking to friends friendly wait staff</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>social activities ie Cinco de Mayo party.</i></p> <p><i>Yes</i></p> <p><i>formal dining setting two selection of entrees</i></p> <p><i>no</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>Kingswood</i>
Visit Date and day of the week <i>May 5, 2016 Thursday</i>	Time spent in facility <i>1</i> hours <i>00</i> minutes	Census: <i>Friendly Visit</i>
Name of person(s) with whom exit interview was held		Arrival time <i>10:00 AM</i>
		Interview was held <input type="checkbox"/> in person

Committee members present: _____

Number of <u>residents</u> 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): _____	Staffing information clearly posted? <i>Yes</i>

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

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

40 miles

"Friendly Visit"

Community Advisory Committee
Quarterly/Annual Visitation Report

NO ISSUES TO REPORT

County Moore	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Tara Plantation Census:
Visit Date and day of the week Thursday April 7, 2016	Time spent in facility hours minutes	Arrival time 10 AM
Name of person(s) with whom exit interview was held		Interview was held <input type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members		Report completed by:
Resident Rights information is clearly posted?	Ombudsman contact information is correct and clearly posted:	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) :	Staffing information clearly posted?	

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

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

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

**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 of the Pines Census 145 – capacity 176
Visit date and day of the week 5/3/2016	Time spent in facility 1.50	Arrival time 9:30AM
Name of person(s) with whom exit interview was held		Interview was held in person Yes
Committee Members Present:		
Number of residents who received personal visits from committee members 7		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 (Required for NHs only – record date of most recent survey posted) : N/A	Staffing information clearly posted N/A	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	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)	Y	
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?	Y	
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?	Y	
10b. Were bathrooms clean, odor-free and free from hazards?	Y	
10c. Were rooms containing hazardous materials locked?	Y	
11. Did residents feel their living areas were kept at a reasonable noise level?	N/A	
12. Does the facility accommodate smokers?	N/A	
12a Where? (Outside / inside / both)		
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner?	Y	
14a If no, did you share this with the administrative staff?		

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

Facility / Date St. Joseph of the Pines – 5/3/2016

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?	Y	Family Council meets the first Thursday of each month.
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.)	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?	N/A	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Y	
20. Does the facility have a functioning: Resident's Council? Family Council?		

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>No areas of concern,</p> <p>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>During exchange with Activity Director learned that in addition to the regularly planned activities they provided 1:1 activity 3 – 4 times per week for residents unable to attend other activities.</p> <p>Spoke with ADON and were told that they were instituting a wellness fitness program. Also, there is an RN and supervisor available at all times.</p>

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

County: Moore	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name Pinehurst Nursing and Rehab Census 79 – 144 capacity
Visit date and day of the week 4/5/2016	Time spent in facility 1.25	Arrival time 1:30PM
Name of person(s) with whom exit interview was held		Interview was held

Committee members present	
Number of residents who received personal visits from committee members 7	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 (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?	Y	
2. Did residents say they receive assistance with personal care activities? (i.e. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses)	N/A	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N/A	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	N/A	
5a Did staff members wear nametags that are easily read by residents and visitors?	N/A	
6. Did you observe restraints in use?	N	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	N/A	Unpleasant odor in Hall 300 Call bell in a room in hall 200 was on the floor.
9. Did you notice unpleasant odors?	Y	
10. Did you see items that could cause harm or be hazardous?	N	
10a. Were unattended med carts locked?	Y	
10b. Were bathrooms clean, odor-free and free from hazards?	Y	
10c. Were rooms containing hazardous materials locked?	Y	
11. Did residents feel their living areas were kept at a reasonable noise level?	N/A	
12. Does the facility accommodate smokers?	N/A	
12a Where? (Outside / inside / both)		
13. Were residents able to reach their call bells with ease?	N	
14. Did staff answer call bells in a timely & courteous manner?	Y	
14a If no, did you share this with the administrative staff?		

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

Facility / Date Pinehurst – 4/5/2016

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

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Odor in hall 300</p> <p>In 200 hall, 3 staff members were observed entering residents' rooms without knocking.</p> <p>Call bell on floor in room on 200 hall.</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>Brought 300 hall odor problem, the issue of staff members not knocking before entering rooms, and the call bell on the floor in room on 200 hall to the attention of the Administrator. Told these items would be looked into.</p> <p>Also asked Administrator about painting and refreshing the building and were told this was planned.</p>

Quarterly/Annual Visitation Report

County <i>Moore</i>	Facility Type <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: <i>Constanta Cottage</i> Census: <i>5/5</i>
Visit Date and day of the week <i>5/11/16 Wednesday</i>	Time spent in facility <i>1</i> hours <i>00</i> minutes	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		
Number of residents who received personal visits from committee members <i>two</i>		Report completed by
Resident Rights information is clearly posted? <i>yes</i>	Ombudsman contact information is correct and clearly posted: <i>yes</i>	
The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted): <i>N/A</i>	Staffing information clearly posted? <i>N/A</i>	

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

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	<i>N/A</i>	
9. Did you notice unpleasant odors?	<i>no</i>	
10. Did you see items that could cause harm or be hazardous?	<i>no</i>	
10a. Were unattended med carts locked?	<i>N/A</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>yes</i>	
10c. Were rooms containing hazardous materials locked?	<i>N/A</i>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<i>N/A</i>	
12. Does the facility accommodate smokers?	<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: *Constance Cottage* 5/11/16

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>N/A</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>17a all eat @ dining room table.</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>N/A</i>	
18. Do residents have privacy in making and receiving phone calls?	<i>yes</i>	<i>18 most have personal phone</i>
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?	<i>N/A</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> <p><i>no follow up necessary. No concerns.</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>We met with DON at Coventry. Discussed the very interesting residents in Constance Cottage, and how well the Home functions.</i></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>Quail Haven</i>
Visit Date and day of the week <i>4/27/16 Wednesday</i>	Time spent in facility <i>2</i> hours <i>00</i> minutes	Census: <i>58/46</i> Arrival time: <i>10:15 A.M.</i>
Name of person(s) with whom exit interview was held <i>1 (Admin)</i>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <i>20</i>		
Number of residents who received personal visits from committee members <i>6</i>		Report completed by: <i>7</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>Survey 10/1/15</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>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>none</i>	
6. Did you observe restraints in use?	<i>no</i>	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)		

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

Facility / date: Walden Haven 7/27/16

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?	yes	
15a. Was a current activity calendar posted in the facility?	yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	N/A	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	yes	
17a. Are they given a choice about where they prefer to dine?	yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	yes	17b yes the most part
17c. Is fresh ice water available and provided to residents?	yes	"yes - a couple of dissenters."
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
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <i>No areas of concern.</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>The administrator said she would follow up on unlocked med cart & concentrate without water bottle right away. Otherwise, a good discussion and thank the transition in management.</i>

**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>Coventry</i>
Visit Date and day of the week <i>April 27, 2016 Wed</i>	Time spent in facility hours <i>50</i> minutes	Census – current/licensed: <i>48/50</i>
Name of person(s) with whom exit interview was held		Arrival time <i>1:30</i>
		Interview was held <input checked="" type="checkbox"/> in person
		<i>DON</i>

Committee members present:

Number of residents who received personal visits from committee members
4

Report completed by:

Resident Rights information is clearly posted?
Yes

Ombudsman contact information is correct and clearly posted?
 Yes

The most recent survey was readily accessible
(Required for NHs only – record date of most recent survey posted):
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?	<i>Y</i>	
2. Did residents say they receive assistance with personal care 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>This facility is well maintained</i>
10. Did you see items that could cause harm or be hazardous:	<i>Yes</i>	<i>Side hallway had wheel chair - cleaning</i>
10a. Were unattended med carts locked?	<i>N/A</i>	<i>Cart and other items on opposite side</i>
10b. Were bathrooms clean, odor-free and free from hazards?	<i>N/A</i>	<i>vacuum cleaner</i>
10c. Were rooms containing hazardous materials locked?	<i>N/A</i>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<i>N/A</i>	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	<i>N/A</i>	
13. Were residents able to reach their call bells with ease?	<i>N/A</i>	
14. Did staff answer call bells in a timely & courteous manner?	<i>N/A</i>	
14a. If no, did you share this with the administrative staff?	<i>N/A</i>	

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

Facility / Date: Coventry 4/27/16

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	lunch time
15a. Was a current activity calendar posted in the facility?	Yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	—	
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?	N/A	
17b. Did residents express positive opinions regarding their dining experience?	N/A	
17c. Is fresh ice water available and provided to residents?	N/A	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Yes N/A	most dine in DR
20. Does the facility have a functioning: Resident's Council? Family Council?	N/A	

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>1. 2 Residents 1/2 time chg. of their sing a long - before it was before dinner when they could have a cocktail now it has been moved up to mid-afternoon when people like to have a nap or if they attend the bar is closed</p> <p>2. Resident stated the Dining Hall is not well monitored on weekends.</p> <p>3. A new Resident was very upset when she returned to her Rm. and found what she thought was her lunch was cold and unappetizing (it was in fact her lunch breakfast tray that had not been removed because maintenance was hanging photos & adjusting Rm.</p> <p>4. side hall had wheel chair and vacuum cleaner on one side - house keeping cart on the other side - Cart was almost in the middle of the hall.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>The DON. was attentive to our observations, writing down our comments and said she would look into the items she was not aware of and correct the things she could. She was not aware of item 1 & 4 and proceeded to look into it as we left #2 the DON said a new staff person had just been hired for the kitchen. #3 The new resident was scared calmed as she was assured she would have her lunch after the DR. was served.</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
Visit Date and day of the week Tues. April 5, 2016	Time spent in facility 2 hours 30 minutes	Census – current/licensed: 88 Arrival time 9:30am
Name of person(s) with whom exit interview was held _____, Admin.		Interview was held <input checked="" type="checkbox"/> in person

Committee members present: _____	
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) : yes	Staffing information clearly posted? yes

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	yes	
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?	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?	n/a	12) Residents go outside with supervision to smoke. Each hall has an assigned time to do 14a) Specific case was brought to admin. attention
9. Did you notice unpleasant odors?	no	
10. Did you see items that could cause harm or be hazardous?	no	
10a. Were unattended med carts locked?	yes	
10b. Were bathrooms clean, odor-free and free from hazards?	yes	
10c. Were rooms containing hazardous materials locked?	yes	
11. Did residents feel their living areas were kept at a reasonable noise level?	n/a	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	yes	

13. Were residents able to reach their call bells with ease?	yes	
14. Did staff answer call bells in a timely & courteous manner?	no	
14a If no, did you share this with the administrative staff?	yes	

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

Facility / Date: April 5, 2016, Kingswood

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	20) not active since Nov. 2015
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?	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 and no	
17c. Is fresh ice water available and provided to residents?	yes	
18. Do residents have privacy in making and receiving phone calls?	n/a	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	yes no	

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>1) Food – if resident wants larger portions 2) Wife reports husband was in memory unit and had medical problems that worsened. Took to VA for scheduled visit and was told to go to hospital. Was at First Health for a week. Wife has asked that he be moved to room closer to nurse's station so he can safely access the bathroom in his room. The staff has suggested a baby monitor. Wife is concerned about privacy of husband's roommate. We asked admin. to intervene with staff members who have been spoken to about these concerns. 3) Resident states his dentures have been missing a year. 4) Resident who was identified as contagious was in rehab room.</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) Admin. stated residents may ask for larger portions of food. He will speak to Dietary Mgr. so she can let residents know this is an option. 2) Admin. said he would talk to wife if she chooses to do so. He said they would try to move husband to a room closer to nurse's station so they could hear the bed monitor better and respond quicker for husband to access bathroom. 3) Admin. will get together with staff and family of resident and try to work out an amicable solution. Stated it is not policy of company to replace dentures. 4) Issue is not resolved at the time of this printing. (4-14-16)</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: Magnolia Gardens Census – current/licensed: 95 Arrival time 11:00
Visit Date and day of the week 5/5/16 Thursday	Time spent in facility hours 45 minutes	Interview was held <input checked="" type="checkbox"/> in person
Name () with whom exit interview was held		

Committee members present:	Report completed by
Number of residents who received personal visits from committee members 5	
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	
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?	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? Note: By regulation smoking is only permitted outside of the Building	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?	n/a	

Facility / Date: Magnolia Gardens 5/5/16

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?	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?	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?	n/a	
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 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>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p>

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

County Moore	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: Pinelake Pinelake
Visit Date and day of the week 4/7/16 Thursday	Time spent in facility 1 hours 0 minutes	Census -- current/licensed: 83 Arrival time 10:00
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person

Committee members present:	Number of residents who received personal visits from committee members 6	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? 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?	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?	n/a	
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?	yes	
10c. Were rooms containing hazardous materials locked?	yes	
11. Did residents feel their living areas were kept at a reasonable noise level?	n/a	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	yes	
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?		

Pinelake
 Facility / Date: ~~Wingwood~~ 4/7/16

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?	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?	no	
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	

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>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>Discussed smell outside a room. Administrator will check it. Residents feel that food is not as good as at home. This is a common complaint.</p>

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

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>Odor</p> <p>Name tags</p> <p>Name on residents door</p>	<p>1- Odor outside PT</p> <p>2- Staff without name tags</p> <p>3- Cleaning cart with products exposed.</p> <p>4- residents name not on door</p> <p>5- Good house keeping</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>Pineblake</i> Census - current/licensed: <i>85/90</i> ^{skilled} <i>memory</i> _{15/20}
Visit Date and day of the week <i>Mon. 5/23/16</i>	Time spent in facility <i>1</i> hours <i>20</i> minutes	Arrival time <i>10:25 AM</i>
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person

Committee members present: *7*

Number of residents who received personal visits from committee members <i>8</i>	Report completed by: <i>1</i>
---	----------------------------------

Resident Rights information is clearly posted? <input checked="" type="checkbox"/>	Ombudsman contact information is correct and clearly posted? <input checked="" type="checkbox"/>
---	---

The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted): <i>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>NO</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>odor at end of 300 hall CARTS on both sides of 300 hall</i>
9. Did you notice unpleasant odors?	<i>yes</i>	
10. Did you see items that could cause harm or be hazardous?	<i>yes</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>N/A.</i>	
13. Were residents able to reach their call bells with ease?	<i>yes.</i>	<i>2 Resid. 40 slow response to call bell.</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>yes.</i>	

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

Facility / Date: Penelake 5/23/16

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?		
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?	yes	
16a. Can residents access their monthly needs funds at their convenience?	yes	
17. Are residents asked their preferences about meal & snack choices?		yes, but some c/off dinner choices being the worse
17a. Are they given a choice about where they prefer to dine?	N/A	
17b. Did residents express positive opinions regarding their dining experience?		some yes some no
17c. Is fresh ice water available and provided to residents?		
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?	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> <ol style="list-style-type: none"> Resident c/o not being properly washed when diaper was soiled - lotion was applied on skin - not having been washed. - AT night problems with slow response to call bells - Call bell lights outside of Rms are almost impossible to see - Carts on both sides of hallway Staffing issues - call ins Resident said on night 15 staff member had 30 residents to care for. That lost 6 Nurses in the turnover. 	<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> <ol style="list-style-type: none"> Peri care needs to be addressed with Nursing Staff. Call bell lights could be brighter or a colored bulb used to help visibility Carts should be maintained on only 1 side of the hallway Staffing issues needs to improve to a level of safety. <p>had been in this facility for a very short time - 4 wks. He made note of these issues and said he would look into correcting them. He agreed something should be done about the call lights - and staffing is an ongoing challenge.</p>