

REQUEST FOR BOARD ACTION / CONTRACT CONTROL FORM

Tracking Number: _____ 17.

Date of Request: May 23, 2008

Date Request Received: May 23, 2008

Board Meeting Date Requested: June 2, 2008

Board Meeting Date Assigned: June 2, 2008

Short Title: Items From County Manager/County Attorney/County Commissioners

Request Status:
 Request is proceeding to Board of Commissioners
 More information is needed – see attached
 Request on hold – no further information needed
 Other:

Background:

Specific Action Requested: Review Items from County Manager/County Attorney/County Commissioners

Requested by: County Manager's Office
Department:
Title:
Contact Phone: 910-259-1200
Contact Fax:

(Administrative Use Only)

CONTRACT TYPE

- Renewal
- For Service(s)
- Intergovernmental – County as Grantee
 - Federal Grantor
 - State Grantor
 - Grantor
- County as Grantor
 - County Funds
 - Other Funds:
- Revision
- For Equipment

PURCHASING Budgeted Item: Yes No
Date Rec'd: Reviewed and Approved
 Comments on Reverse

Date Sent: _____
Signed: _____

ATTORNEY Reviewed and Approved
Date Rec'd: Legal Problem(s)
 Comments on Reverse

Date Sent: _____
Signed: _____

FINANCE Sufficient Funds Available Not Available
Date Rec'd: Budget Amendment Necessary
 Budgeted Amendment is Attached
 Comments on Reverse

Date Sent: _____
Signed: _____

CLERK Signature(s) Required:
 Board Chairman/County Manager
 Other:

Date Rec'd Approved by Board: Yes No
At meeting on



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Caswell Developmental Center**

2415 West Vernon Avenue, Kinston, North Carolina 28504-3321
Courier 01-21-04

Michael F. Easley, Governor
Dempsey Benton, Secretary
Michael S. Lancaster, M.D. and
Leza Wainwright, Directors

Beverly Vinson, Center Director
Office (252) 208-4222
Fax (252) 208-4238

May 6, 2008

Pender County Commissioners
PO Box 1578
Burgaw, NC 28425

Dear Volunteer Friends:

We are sorry you were unable to attend our Volunteer Recognition and Awards Gala on April 10, 2008. All in attendance were treated to a "rockin' good time" with 1950's music provided by three young men from Caswell Developmental Center and a wonderful meal catered by The Broken Eagle Restaurant. At evening's end, everyone agreed that "Volunteers Rock."

Please accept the enclosed certificate as a token of our appreciation for your continued dedication and support of Caswell Developmental Center. Your contributions are priceless! We are so grateful for the opportunity to thank you for the many ways you help us make life enjoyable for the people who live at the Center.

We are proud that you are a part of our volunteer family, and thank you again for sharing your time and talents with us.

Sincerely,

A handwritten signature in cursive script that reads "Lorie Noble".

Lorie Noble
Volunteer Management Coordinator

A handwritten signature in cursive script that reads "Diane Howard".

Diane Howard
Volunteer Services Director

Enclosure

Volunteers

Thanks For Going the
EXTRA MILE

This certificate is awarded to:

PENDER COUNTY COMMISSIONERS

in recognition of your exemplary dedication
to volunteer service and to Caswell Developmental Center

Diane Howard

Diane Howard, Director of Volunteer Services

April 10, 2008

Date

Beverly Vinson

Beverly Vinson, Center Director

April 10, 2008

Date

Eastern Carolina Division
3809 Shipyard Blvd
Wilmington, NC 28403
Tel (910) 763-0004



May 14, 2008

Ms. Lori Brill
County Manager
Pender County
PO Box 5
Burgaw, NC 28425

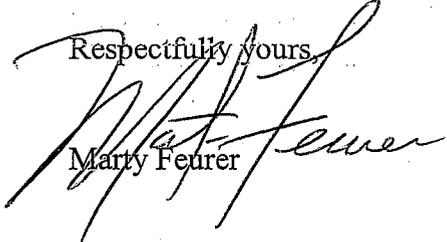
Dear Ms. Brill,

Time Warner Cable is pleased to be a part of the FCC trial market for the DTV transition in Wilmington. For Time Warner Cable customers the transition on September 8, 2008 will be seamless. If subscribers' TV's are hooked up to our cable, there is nothing they need to do before the September 8th changeover.

If customers have TV's not connected to cable, action is required. We are directing our customers and non-customers to visit Time Warner Cable's DTV information website at **YourTWC.com/DTV** for more information. Additional information may also be found at www.DTV.gov/wilmington.

As always, if your office has any questions or if I can be of further assistance, please feel free to contact me at (910) 772-5746.

Respectfully yours,


Marty Feurer

RECEIVED MAY 20 2008

Glenda Pridgen

From: Mike Taylor [taylorm@pender-county.com]
Sent: Tuesday, May 20, 2008 2:35 PM
To: Paul Parker
Cc: Glenda Pridgen
Subject: Library Closings

Hello Paul (with copy to Glenda)

Glenda says you will be the interim manager on June 2, so that's why I'm writing you. With your approval, here are two items you might want to share with the commissioners under "Items from the County Manager" on June 2. This would inform them of two upcoming closings and why.

1) JUNE 16 (MONDAY) We always close the libraries when we do a major software upgrade about every two years. We can't conduct business so we advertise the closing. However, we use this time for staff training. It's the only time every staff member from both libraries can all be together for training and only happens every two years or so. It takes a day accomplish this and the systems are down. It gives us time to teach staff about the changes, and then they practice when the system is us. If we have time, we do additional training in other areas.

On June 16, we are not only doing a major software upgrade, but the IT Dept is installing a new server and all the data must be migrated with Library Corporation configuring the hardware. We just scheduled this last week along with Erik and TLC. In fact, Erik is coming in on Sunday to start.

2) The other item is the library director has always been given leeway as to Saturday hours regarding inclement weather or holiday closings. My directions are to give the county manager a courtesy call if it is an emergency call. Staff do not get paid holiday, but simply put in their 40 hours within the week days.

With your OK, we'd like to close the Burgaw library on Saturday, June 21, the day of the Blueberry Festival. The parking lot is full as are the streets and the library is dead. No one could get near the library last year. This year the festival has asked to use our parking lot for vendor parking if we close. We've set our computer system so that no item loaned out will be due on June 21. Again, no staff member gets paid holiday for this closing as they will work 40 hours Mon-Fri. Hampstead Branch will be open.

Thanks for your consideration,
Mike

*Mike Taylor, Director
Pender County Public Library
PO Box 879 103 S Cowan St
Burgaw, North Carolina 28425
Ph 910-259-1234 Fax 910-259-0656*

All e-mail correspondence to and from this address is subject to the North Carolina Public Records Law, which may result in monitoring and disclosure to third parties, including law enforcement.

5/23/2008



Area Agency On Aging

Cape Fear Council of Governments

May 20, 2008

Pender County Commissioners
Post Office Box 5
Burgaw, NC 28425

Dear Commissioners:

Enclosed you will find The Pender County Nursing Home and Adult Care Home Community Advisory Committee's quarterly visitation reports. A minimum of three members must be present to make an official quarterly visit. The duties of this Committee are outlined in NC General Statutes 131-D and 131-E.

- Enclosed are copies of the Visitation Reports for the past quarter of February, March and April 2008.
- Enclosed is a copy of the Committees' quarterly training agenda.

Please feel comfortable in contacting me, if I may address any questions that you may have.

Sincerely,

H. Harvin Quidas, Regional Ombudsman
Cape Fear Area Agency on Aging

CC:

Pender County Dept. of Social Services
Attn: Eunice Brannerman, Adult Services Supervisor

Community Advisory Committee Quarterly/Annual Visitation Report

County Pender	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Woodbury Wellness Center
Visit Date 3/20/08	Time Spent in Facility 1 hr 10 min	Arrival Time 10:10 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with Judith Libonati		Interview was held <input type="checkbox"/> In-Person
<input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep Sandy Sinclair, DON (temp) (Name & Title)		
Committee Members Present: Harvin Ouydas, Ombud. Micky King, Marge Ciardella, Pauline Lewis Jeannine Smith		Report Completed by: Jeannine A. Smith
Number of Residents who received personal visits from committee members: 27 of 98		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(Required for Nursing Homes Only)</small>		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Resident Profile	Comments & Other Observations	
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	One resident reports staff slow to respond for help to toilet - Staff notified and will correct.	
Resident Living Accommodations	Comments & Other Observations	
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input type="checkbox"/> Outside only <input checked="" type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. 13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	see above	
Resident Services	Comments & Other Observations	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Areas of Concern	Exit Summary	
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Presently a transition in staff.	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Good positive visit with residents and staff	

Community Advisory Committee Quarterly/Annual Visitation Report

County Pender	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Pender Memorial Hospital Extended Care
Visit Date 3/27/08	Time Spent in Facility 1 hr 10 min	Arrival Time 10:50 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with Kim Jones, DON		Interview was held <input checked="" type="checkbox"/> In-Person
<input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep. _____ (Name & Title)		
Committee Members Present: M. King, H. Wells, P. Lewis, M. Ciardella, J. Smith		Report Completed by: Jeanne A. Smith
Number of Residents who received personal visits from committee members: 16 of 39		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Resident Profile		Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Resident Living Accommodations		Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both inside & Outside. 13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Resident Services		Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Areas of Concern		Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <div style="text-align: center; font-size: 1.2em;">None</div>		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. <div style="text-align: center; font-size: 1.2em;">Good positive visit with residents and staff.</div>

Community Advisory Committee Quarterly/Annual Visitation Report

County Pender	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Huntington Health and Retirement Center
Visit Date 3/27/08	Time Spent in Facility 1 hr 20 min	Arrival Time 1:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with Melinda Garrison DM Interview was held <input type="checkbox"/> in Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Carmie Taylor, Business Mgr, Rep. (Name & Title)		
Committee Members Present: M. King, H. Wells, P. Lewis, M. Ciardella, J. Smith		Report Completed by: Jeanne A. Smith
Number of Residents who received personal visits from committee members: 26 of 111		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(Required for Nursing Homes Only)</small>		Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No Info - Out of date
Resident Profile		Comments & Other Observations
<ol style="list-style-type: none"> 1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No 		one Pt. wet, foul odor -
Resident Living Accommodations		Comments & Other Observations
<ol style="list-style-type: none"> 8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input checked="" type="checkbox"/> Both Inside & Outside. 13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 		One area in hall bad odor - Toilet loose in shower room -
Resident Services		Comments & Other Observations
<ol style="list-style-type: none"> 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
Areas of Concern		Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Check loose toilet in shower room - Presently a transition in staff		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Good positive visit with residents and staff -

Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Pender</i>	Facility Type - <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <i>Pendu</i>
Visit Date <i>2/1/08</i>	Time Spent in Facility hr <i>45</i> min	Arrival Time <i>1:15</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with <i>LAVOICE</i>		Interview was held <input checked="" type="checkbox"/> In-Person
<input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep _____ (Name & Title)		
Committee Members Present: <i>Harv'n O'Neil, Mickey King, Marge Ciardella</i>		Report Completed by: <i>Mickey King</i>
Number of Residents who received personal visits from committee members:		
Resident Rights information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>		Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
Resident Profile		Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Resident Living Accommodations		Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. 13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Resident Services		Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Areas of Concern		Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.
 Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

Community Advisory Committee Quarterly/Annual Visitation Report

County Pender	Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Dayspring of Burgaw
Visit Date 3/27/08	Time Spent in Facility hr 45 min	Arrival Time 10:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with Rita Jacobs, DON		Interview was held <input checked="" type="checkbox"/> in Person
<input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep _____ (Name & Title)		
Committee Members Present: Micky King, Hazel Wells, Marqe Ciardella, Pauline Lewis, Jeannine Smith		Report Completed by: Jeannine Smith
Number of Residents who received personal visits from committee members: 12 of 37		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Resident Profile		Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Resident Living Accommodations		Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> inside only <input type="checkbox"/> Both Inside & Outside. 13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		<p>One shower room has 2 areas where tile is missing - wooden area exposed, wet with mold - Bath chair cracked + dirty.</p>
Resident Services		Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Areas of Concern		Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Check for repairs in shower room -		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Good resident + staff visit -

Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Pender</i>	Facility Type - <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <i>KARON'S</i>
Visit Date <i>2/14/2008</i>	Time Spent in Facility hr <i>30</i> min	Arrival Time <i>10:45</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <i>KARON BRICE</i>		Interview was held <input checked="" type="checkbox"/> In-Person
<input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep _____ (Name & Title)		
Committee Members Present: <i>HARVIN QUIDAS, MICKEY KINY, MARGE CIARDILLA</i>		Report Completed by: <i>Mickey Kiny</i>
Number of Residents who received personal visits from committee members: <i>2</i>		
Resident Rights information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>N/A</i>		Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>N/A</i>
Resident Profile	Comments & Other Observations	
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>None observed</i>	
Resident Living Accommodations	Comments & Other Observations	
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. <i>N/A</i> 13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Resident Services	Comments & Other Observations	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Areas of Concern	Exit Summary	
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. <i>No concern Excellent exit w/ Adm. assistance</i>	

Community Advisory Committee
Quarterly Meeting
Agenda

Welcome and Review of the Minutes

Committee Business / Announcements

Long Term Care Informational

- Health Care Registry
- Transfer of Assets for Medicaid

Quarterly Training

- The New MOST Form
- MRSA – What is it?

Facility Visitation Reports

Schedule CAC Facility Visits For
January, February and March 2008

Please notify your CAC Chairman
or Harvin Quidas, Ombudsman at (910) 395-4553,
if you are unable to attend
your required scheduled CAC Quarterly Meeting.