

REQUEST FOR BOARD ACTION / CONTRACT CONTROL FORM

Tracking Number: 27.

Date of Request: July 30, 2008

Date Request Received: July 30, 2008

Board Meeting Date Requested: August 4, 2008

Board Meeting Date Assigned: August 4, 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: The following items are included in the Agenda packets:

- 2008 NCACC Annual Conference: Voting Delegate Form: Appoint a Second Voting Delegate.
- Letters from N.C. Department of Transportation: Notifications of Roads Approved for Addition to the State Highway System for Maintenance.
- Quarterly Report from Area Agency on Aging: The Pender County Nursing Home & Adult Care Home Community Advisory Committee.
- Employment Agreement between Rick Benton and Pender County for County Manager position.

(Administrative Use Only)

CONTRACT TYPE

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

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:

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
Date Rec'd: Not Available
 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



Designation of Voting Delegate to NCACC Annual Conference

I, _____, hereby certify that I am the duly designated voting delegate for _____ County at the 101st Annual Conference of the North Carolina Association of County Commissioners to be held in Craven County, North Carolina, on August 21-24, 2008.

Signed: _____

Title: _____

Article VI, Section 2 of our Constitution provides:

"On all questions, including the election of officers, each county represented shall be entitled to one vote, which shall be the majority expression of the delegates of that county. The vote of any county in good standing may be cast by any one of its county commissioners who is present at the time the vote is taken; provided, if no commissioner be present, such vote may be cast by another county official, elected or appointed, who is formally designated by the board of county commissioners. These provisions shall likewise govern district meetings of the Association. A county in good standing is defined as one which has paid the current year's dues."

Please return this form by: **Wednesday, August 6, 2008:**

NCACC
215 N. Dawson St.
Raleigh, NC 27603
Fax: 919-733-1065



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

Division of Highways

LYNDO TIPPETT
SECRETARY

July 7, 2008

Mike Ankrum
106 A Cinema Dr.
Wilmington, NC 28403

Subject: Request for Addition to the State Highway System
Spanish Moss Ct., Laurel Oak Ct., Sweetbay Ct. and Post Oak Ct. in the
Forest at Belvedere Plantation, Phase 4-A Subdivision in Pender County
(Division File No. 0462-P)

Dear Mr. Ankrum:

Your name was the first most legible signature on the above petition for state maintenance, and we are pleased to inform you that the above road has been approved for addition to the state highway system for maintenance. This addition was approved by the North Carolina Board of Transportation at the Board meeting of June 5, 2008.

It will be impossible to notify all of the petitioners regarding the addition of the road and I would appreciate it if you would tell the interested persons for me.

Division of Highways field forces will begin maintaining this road as soon as it can be worked into their schedule. Any improvement programmed for this road must be accomplished within the needs for existing state-maintained roads located in this county.

Very truly yours,

A handwritten signature in black ink that reads "R. A. Vause".

R. A. Vause
District Engineer

RAV:pr

cc: Pender County Board of Commissioners
Pender County Emergency Management



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

Division of Highways

LYNDO TIPPETT
SECRETARY

July 7, 2008

Bernard Morris
6264 Hawksbill Dr.
Wilmington, NC 28409

Subject: Request for Addition to the State Highway System
Emerald Ridge Dr., Shandy Way, Amber Ct. and Shinwood Ct. in the
Emerald Ridge Sections I, II and III Subdivision in Pender County
(Division File No. 0456-P)

Dear Mr. Morris:

Your name was the first most legible signature on the above petition for state maintenance, and we are pleased to inform you that the above road has been approved for addition to the state highway system for maintenance. This addition was approved by the North Carolina Board of Transportation at the Board meeting of June 5, 2008.

It will be impossible to notify all of the petitioners regarding the addition of the road and I would appreciate it if you would tell the interested persons for me.

Division of Highways field forces will begin maintaining this road as soon as it can be worked into their schedule. Any improvement programmed for this road must be accomplished within the needs for existing state-maintained roads located in this county.

Very truly yours,

A handwritten signature in black ink that reads "R. A. Vause".

R. A. Vause
District Engineer

RAV:pr

cc: Pender County Board of Commissioners
Pender County Emergency Management



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

Division of Highways

LYNDO TIPPETT
SECRETARY

July 21, 2008

Ms. Jennifer Guclerian
326 Lafayette St.
Wilmington, NC 28411

Subject: Request for Addition to the State Highway System
Lafayette Street (Extension of SR 1662) in the Oakvale East Subdivision
in Pender County
(Division File No. 0459-P)

Dear Ms. Guclerian:

Your name was the first most legible signature on the above petition for state maintenance, and we are pleased to inform you that the above road has been approved for addition to the state highway system for maintenance. This addition was approved by the North Carolina Board of Transportation at the Board meeting of July 10, 2008.

It will be impossible to notify all of the petitioners regarding the addition of the road and I would appreciate it if you would tell the interested persons for me.

Division of Highways field forces will begin maintaining this road as soon as it can be worked into their schedule. Any improvement programmed for this road must be accomplished within the needs for existing state-maintained roads located in this county.

Very truly yours,

A handwritten signature in black ink, appearing to read "R. A. Vause".

R. A. Vause
District Engineer

RAV:pr

cc: Pender County Board of Commissioners
Pender County Emergency Management



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

Division of Highways

LYNDO TIPPETT
SECRETARY

July 21, 2008

Forest at Belvedere, LLC
Attn: Mike Ankrum
106A Cinema Dr.
Wilmington, NC 28401

Subject: Request for Addition to the State Highway System
Azalea Drive (from SR 1675 to Tanager Way) and Tanager Way (from
Azalea Drive to cul-de-sac) in the Belvedere Plantation Subdivision in
Pender County
(Division File No. 0455-P)

Dear Mr. Ankrum:

Your name was the first most legible signature on the above petition for state maintenance, and we are pleased to inform you that the above road has been approved for addition to the state highway system for maintenance. This addition was approved by the North Carolina Board of Transportation at the Board meeting of July 10, 2008.

It will be impossible to notify all of the petitioners regarding the addition of the road and I would appreciate it if you would tell the interested persons for me.

Division of Highways field forces will begin maintaining this road as soon as it can be worked into their schedule. Any improvement programmed for this road must be accomplished within the needs for existing state-maintained roads located in this county.

Very truly yours,

A handwritten signature in black ink that reads "R. A. Vause".

R. A. Vause
District Engineer

RAV:pr

cc: Pender County Board of Commissioners
Pender County Emergency Management



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

Division of Highways

LYNDO TIPPETT
SECRETARY

July 21, 2008

Ray Lanier
PO Box 1322
Hampstead, NC 28443

Subject: Request for Addition to the State Highway System
Daniel Road (from SR 1520 to cul-de-sac) and Cory Road (from Daniel
Road to cul-se-sac) in the Green Oak Landing Subdivision in Pender
County
(Division File No. 0448-P)

Dear Mr. Lanier:

Your name was the first most legible signature on the above petition for state maintenance, and we are pleased to inform you that the above road has been approved for addition to the state highway system for maintenance. This addition was approved by the North Carolina Board of Transportation at the Board meeting of July 10, 2008.

It will be impossible to notify all of the petitioners regarding the addition of the road and I would appreciate it if you would tell the interested persons for me.

Division of Highways field forces will begin maintaining this road as soon as it can be worked into their schedule. Any improvement programmed for this road must be accomplished within the needs for existing state-maintained roads located in this county.

Very truly yours,

A handwritten signature in black ink that reads "R. A. Vause".

R. A. Vause
District Engineer

RAV:pr

cc: Pender County Board of Commissioners
Pender County Emergency Management



Area Agency On Aging

Cape Fear Council of Governments

July 21, 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 Statues 131-D and 131-E.

- Enclosed are copies of the Visitation Reports for the past quarter Of April, May and June 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 4/25/08	Time Spent in Facility 1 hr 20 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 _____ (Name & Title)		
Committee Members Present: H. Guidas, Ombud, M. King Howells, P. Lewis, M. Ciardella, J. Smith		Report Completed by: Jeannine Smith
Number of Residents who received personal visits from committee members: 32 of 102		
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 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 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 checked="" type="checkbox"/> No	Many residents actively participating in making flower arrangements.	
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 <i>Pender</i>	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 <i>Huntington Health and Retirement Center</i>
Visit Date <i>4/29/08</i>	Time Spent in Facility <i>1 hr 10 min</i>	Arrival Time <i>10:00</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <i>Emily Pabel, Admin</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 <i>Melinda Garrison</i> Rep. (Name & Title)
Committee Members Present: <i>M. King, P. Lewis, J. Smith</i>		Report Completed by: <i>Jeanine Smith</i>
Number of Residents who received personal visits from committee members: <i>24 of 103</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 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 type="checkbox"/> Yes <input checked="" 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 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 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 checked="" 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;"><i>None</i></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;"><i>Good positive visit with residents and staff.</i></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 Pender Memorial Hosp. Extended Care
Visit Date 1 / 1	Time Spent in Facility hr 45 min	Arrival Time 11 : 25 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with Kim Jones, DON 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 _____ (Name & Title)		Report Completed by: Jeannine Smith
Committee Members Present: M. King, P. Lewis J. Smith		
Number of Residents who received personal visits from committee members: 12 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 type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile Comments & Other Observations

1. Do the residents appear neat, clean and odor free? Yes 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? Yes No
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
4. Were residents interacting w/ staff, other residents & visitors? Yes No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
6. Did you observe restraints in use? Yes No
7. If so, did you ask staff about the facility's restraint policies? Yes No

Resident Living Accommodations Comments & Other Observations

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

Resident Services Comments & Other Observations

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

Residents and staff states food choices need improvement - Plans ^{are} for survey of residents food preference.

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 improvement in meal satisfaction

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 checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Dayspring of Burgaw
Visit Date 4/29/08	Time Spent in Facility hr 35 min	Arrival Time 12:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with Rita Jacobs, DON Interview was held <input type="checkbox"/> in-Person <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: M. King, P. Lewis, J. Smith		Report Completed by: Jeanine Smith
Number of Residents who received personal visits from committee members: 9 of 36		
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
<ol style="list-style-type: none"> 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 	<p style="font-size: 1.2em;">Most residents in dining room for lunch -</p>
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 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 style="font-size: 1.2em;">One Security light cover was missing - One A.C. grill cover off Tiles had been replaced in shower room -</p>
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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 style="font-size: 1.2em;">Check A.C. + security light covers -</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p style="font-size: 1.2em;">Good positive visit with residents and staff</p>

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 Pendu Rest Home
Visit Date 5/6/08	Time Spent in Facility hr 35 min	Arrival Time 1:45 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with LaVoie English		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 _____ (Name & Title)		
Committee Members Present: H. Gurdas, Ombud. M. King, M. Ciardella, J. Smith		Report Completed by: Jeannine Smith
Number of Residents who received personal visits from committee members: 11 of 14		
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 checked="" 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 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 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 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 checked="" 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: 24px; margin-top: 20px;">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: 24px; margin-top: 20px;">Good positive visit with residents and staff -</div>

Community Advisory Committee Quarterly/Annual Visitation Report

County Pender	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 Forest Lane Family Care
Visit Date 5 / 6 / 08	Time Spent in Facility hr 30 min	Arrival Time 10 : 30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with Josie Evans, Adm		Interview was held <input type="checkbox"/> In Person
Rep _____ (Name & Title)		
Committee Members Present: H. Quidas, Ombud, M. King, M. Ciardella, J. Smith		Report Completed by: Jeanne Smith
Number of Residents who received personal visits from committee members: 3 of 3		
Resident Rights Information is clearly visible. <input type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" 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
<ol style="list-style-type: none"> 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 eating breakfast at 10:50 AM
Resident Living Accommodations		Comments & Other Observations
<ol style="list-style-type: none"> 8. Did residents describe their living environment as homelike? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input 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 		Living Room - unchanged. over crowded with boxes and bags - Rails loose to front steps No activities or menus posted -
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 type="checkbox"/> Yes <input checked="" 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? Recheck stair railings and living room - Posting of menu + activities		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Good Visit with residents + staff

Community Advisory Committee Quarterly/Annual Visitation Report

County Pender	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 Karon's Family Care
Visit Date 5/6/08	Time Spent in Facility hr 30 min	Arrival Time 11:30 <input type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with Karon Brice		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)		Report Completed by: Jeannine Smith
Committee Members Present: H. Guidas, Ombud. M. King, M. Ciardella, J. Smith		Number of Residents who received personal visits from committee members: 1 of 1
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	<p style="font-size: 1.2em;">Resident immaculately clean.</p>
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 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 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 style="font-size: 1.2em;">Brochure of facility being distributed in surrounding area</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 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 checked="" 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? <p style="font-size: 1.2em; text-align: center;">Only one resident</p>	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. <p style="font-size: 1.2em; text-align: center;">Good positive visit with resident and staff.</p>

AGREEMENT

THIS AGREEMENT, made and entered into this _____ day of _____, 2008, by and between the County of Pender, hereinafter called "Employer", as party of the first part, and Eugene J. (Rick) Benton II, hereinafter called "Employee", as party of the second part, both of whom understand as follows:

WITNESSETH

WHEREAS, Employer desires to employ the services of said Eugene J. (Rick) Benton II as County Manager for the County of Pender; and

WHEREAS, it is the desire of the Pender County Board of Commissioners, hereinafter called "Board", to provide certain benefits, establish certain conditions of employment and to set working conditions of said Employee; and

WHEREAS, it is the desire of the Board to secure and retain the services of Employee and to provide inducement for him to remain in such employment, to make possible full work productivity by ensuring Employee's morale and peace of mind with respect to future security, to act as a deterrent against malfeasance or dishonesty for personal gain on the part of Employee, and to provide a just means for terminating Employee's services at such time as he may be unable fully to discharge his duties due to disability or when Employer may otherwise desire to terminate his employment; and

WHEREAS, Employee desires to accept employment as County Manager for the County of Pender and provide the most professional services possible to Employer;

NOW, THEREFORE, in consideration of the mutual covenants herein contained, the parties agree as follows:

SECTION 1 – DUTIES

Employer hereby agrees to employ said Eugene J. (Rick) Benton II to perform the functions and duties as County Manager for the County of Pender as set forth in North Carolina General Statute 153A-82, and to perform other legally permissible and proper duties and functions as the Board shall from time to time assign.

SECTION 2 –TERM

Employee shall begin performing his duties under this agreement on August 4, 2008, and shall continue thereafter until concluded pursuant to the terms of this agreement. Nothing in this agreement shall prevent, limit or otherwise interfere with the right of the Board to terminate the services of Employee at any time, subject only to the provisions set forth in Section 3 of this agreement.

Nothing in this agreement shall prevent, limit or otherwise interfere with the right of the Employee to resign at any time from his position with Employer, subject only to providing thirty (30) days written notice and the provisions set forth in Section 3 of this agreement.

SECTION 3 - TERMINATION AND SEVERANCE PAY

In the event Employee is terminated or is asked to resign by a majority of the Board, with or without cause except for such cause expressly set out herein, and during such time that the Employee is willing and able to perform his duties under this agreement, then, in that event, the Employer agrees to pay the Employee severance, consisting of the Employee's bi-weekly salary and benefits (including but not limited to salary, all then applicable insurance coverages, deferred compensation, retirement contributions, and travel allowance as established at that time) for a period covering 120 days from the date of termination. Said payment shall be paid to the Employee on the normal payroll schedule of Employer. However, in the event the Employee is terminated because of his conviction of any felony or for the commission of any act which would merit immediate termination under the Pender County Personnel policy, then, in that event, Employer shall have no obligation to pay the severance sum designated in this paragraph. If the employee is not able to perform his duties under this agreement and becomes disabled as defined in Section 4, the rights of the parties shall be governed by Section 4. If the Employee voluntarily resigns without being requested to do so by a majority of the Board, he shall not be entitled to any severance. Nothing contained herein shall prevent the parties from negotiating a mutually agreeable termination of this agreement.

SECTION 4 – DISABILITY

If Employee is permanently disabled or is otherwise unable to perform his duties because of sickness, accident, injury, mental incapacity or health for a period of four (4) successive weeks beyond any accrued sick leave, or for twenty (20) working days over a thirty (30) working day period, Employer shall have the option to terminate this agreement, subject to the severance pay requirements of Section 3.

SECTION 5 - SALARY

Employer agrees to pay Employee for his services rendered pursuant hereto an annual salary of \$115,000. This salary is payable in installments at the same time as other employees of the Employer are paid. In addition, Employer agrees to increase said base salary and/or other benefits to Employee in such amounts and to such extent as the Employer may determine that it is desirable to do so. Employee shall be provided cost of living or across the board adjustments as provided to other employees.

SECTION 6 - PERFORMANCE EVALUATION

The Board shall review and evaluate the performance of the Employee at least once annually, with one evaluation taking place in August of each year with the first evaluation being August of 2009. The objective of the review is to provide opportunity for the Employer and Employee to share information and feedback regarding overall performance of the Employee, and to establish mutually agreeable performance goals and expectations for the coming year. Said review and evaluation shall be in accordance with criteria and a format mutually agreed to by Employee and Employer. Said criteria shall include but not be limited to those duties and responsibilities set forth in North Carolina GS 153A-82.

The Board shall subsequently determine whether to provide a salary increase, in addition to any across the board cost of living adjustments or increases, an appropriate performance bonus award based on the findings, or other additional compensation in an amount which the Board deems appropriate in its sole discretion.

SECTION 7 - HOURS OF WORK

It is recognized that Employee must devote a great deal of time outside the normal office hours to business of the Employer, and to that end Employee will be allowed to take time off as he shall deem appropriate during said normal office hours.

SECTION 8 - AUTOMOBILE ALLOWANCE

Employee agrees to use his personal automobile in performing the duties of County Manager for, and Employer agrees to pay to Employee the sum of \$10,000 annually (to be paid on same basis as salary installments) to cover the cost of this automobile for use within the County boundaries. Use of the

Employee's personal vehicle for trips outside of the County boundaries shall be reimbursed at the current IRS rate, and Employee shall attempt to limit his out of County trips to County owned vehicles as do other employees.

SECTION 9 - VACATION AND SICK LEAVE

Employee shall accrue, and have credited to his personal account, vacation leave, holidays and sick leave at the same rate as other department heads of Employer. Employer agrees to accept transfer of 2246 hours of sick leave Employee has accrued during his career in local government service for purposes of retirement, but such hours are not subject to payment as severance or otherwise upon the end of Employee's services under this agreement. Employer agrees to credit Employee with ten (10) days of vacation leave at initiation of employment, in addition to Employee accruing the normal rate of vacation leave.

SECTION 10 - HEALTH, DENTAL, LIFE, AND OTHER INSURANCE

Employer agrees to put into force and to make required premium payments for Employee and Employee's Family for insurance policies the same as extended to all department heads of the County of Pender.

SECTION 11 - RETIREMENT

Employer agrees to put into force and to make required payments for Employee for the local government retirement system retirement benefits the same as extended to all department heads of the County of Pender.

SECTION 12 – SUPPLEMENTAL RETIREMENT

Employer agrees to make payments for Employee to any supplemental retirement plan (401K or other deferred compensation plan) if such a plan is in existence during the course of this agreement. The amount of such payments, if any, shall be made in the same manner and the same amount as extended to all department heads of the County of Pender.

SECTION 13 - DUES AND SUBSCRIPTIONS

Employer agrees to budget and to pay for the professional dues and subscriptions of Employee

necessary for his continuation and full participation in national, regional, state and local associations and organizations necessary and desirable for his continued professional participation, growth and advancement, and for the good of the Employer.

SECTION 14- PROFESSIONAL DEVELOPMENT

Employer hereby agrees to budget for and to pay the travel and subsistence expenses of Employee for professional and official travel, meetings and occasions adequate to continue the professional development of Employee and to adequately pursue necessary official and other functions for Employer, including but not limited to local government related conferences, the National Association of County Commissioner conferences, and state, national, local, and regional governmental related groups and committees thereof which Employer or Employee serves as a member.

SECTION 15 - INDEMNIFICATION

Employer shall defend, save harmless and indemnify Employee against any tort, professional liability claim or demand or other legal action, whether groundless or otherwise, arising out of an alleged act or omission occurring in the performance of Employee's duties as County Manager. Employee agrees that the liability insurance policy purchased by Employer shall satisfy Employer's obligation under this Section and this paragraph is not intended nor shall it be deemed a waiver of immunity by or on behalf of either Employee or Employer. Employee agrees that Employer and/or its insurer shall have full authority to compromise and settle any such claim or suit. In the event Employee fails to cooperate with the defense of such claims or execute any settlement documents when requested to do so, then Employee shall waive the benefits of this paragraph. Employee shall have the right to retain separate counsel at his own expense if he so desires.

SECTION 16 - BONDING

Employer shall bear the full cost of any fidelity or other bonds required of the Employee under any law or ordinance.

SECTION 17 - OTHER TERMS AND CONDITIONS OF EMPLOYMENT

A. The Board in consultation with the Employee, shall fix any such other terms and conditions of employment, as it may determine from time to time, relating to the performance of

Employee, provided such terms and conditions are not inconsistent with or in conflict with the provision of this agreement, the County Charter or any other law.

B. All provisions of the County Charter and Code, and regulations and rules of the Employer relating to vacation and sick leave, retirement, holidays, and other fringe benefits and working conditions as they now exist or hereafter may be amended, also shall apply to Employee as they would to other employees of Employer, in addition to said benefits enumerated specifically for the benefit of Employee except as herein provided.

SECTION 18 - GENERAL PROVISIONS

A. The text herein shall constitute the entire agreement between the parties.

B. This agreement shall be binding upon and inure to the benefit of the heirs at law and executors of Employee, but the services under this agreement are unique and personal to Employee.

C. This agreement shall become effective commencing on August 4, 2008.

D. If any provision, or any portion thereof, contained in this agreement is held to be unconstitutional, invalid or unenforceable, the remainder of this agreement, or portion thereof, shall be deemed severable, shall not be affected and shall remain in full force and effect.

E. The provisions of this agreement as set out on these pages represent the entirety of the understandings and commitments between the two parties.

IN WITNESS WHEREOF, the County of Pender has caused this agreement to be signed and executed in its behalf by its Chairman, and duly attested by its Clerk, and the Employee has signed and executed this agreement, both in duplicate, the day and year first above written on _____, 2008.

EMPLOYER:

County of Pender

By: _____
Chairman

ATTESTED BY:

County Clerk

(CORPORATE SEAL)

EMPLOYEE:

Eugene J. (Rick) Benton II

NORTH CAROLINA

COUNTY OF PENDER

I, _____, a Notary Public of the County and State aforesaid, certify that _____ personally appeared before me and acknowledged that she is the clerk for the County of Pender, a county corporation, and that by authority duly given and as the act of the County of Pender the foregoing instrument was signed in its name by its Chairman, sealed with its corporate seal and attested by her as its County Clerk.

Witness my hand and official stamp or seal, this ____ day of _____, 2008.

My commission expires:

Notary Public

(SEAL/STAMP)

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

Pender County Finance Officer