

Nursing-Adult Care Home Community Advisory Committee

Purpose

The Nursing-Adult Care Home Community Advisory Committee is part of an advocacy network to help promote and protect the rights of long-term care residents. The Nursing-Adult Care Home Community Advisory Committee was established by NC General Statute to be a volunteer, grassroots advocate for residents in nursing homes and adult care homes. Committee members visit facilities, interact with residents and advocate for quality care in the homes. The committee is also involved in issues advocacy, public education, and the promotion of community involvement within long-term care facilities.

Members

Members must reside within Davie County and have no conflict of interest. Members are appointed by the County Commissioners for an initial one year term, and can be reappointed for a three year term.

Note: In accordance with the laws establishing the Committee, no member of the Committee or an immediate family member of a person on the Committee shall be a patient in, employed by, have a financial interest in, or be on the governing board of a nursing or adult care home served by the Committee. An "immediate family member" is defined as mother, father, sister, brother, spouse, child, grandmother, grandfather, and in-laws.

Committee members must complete required training, which is provided by the Northwest Piedmont Area Agency on Aging Ombudsmen. Committee members are required to visit long-term care facilities at least one every three months, and attend quarterly business/training sessions.

If interested, please complete the attached application form and return it to the LTC Ombudsman Program, Northwest Piedmont Council of Governments, 400 West Fourth Street, Suite 400, Winston-Salem, NC 27101.

If you have questions or need additional information, please contact Brenda Hunter, Clerk to the Board, at 753-6004.

APPOINTMENT QUESTIONNAIRE

(PLEASE PRINT OR TYPE)

MEETING DATE: _____

FULL NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____ BUSINESS: _____

FAX NUMBER: _____ E-MAIL ADDRESS: _____

1. Are you a citizen of the United States? Yes _____ No _____
If yes, how long? _____
2. Are you a resident of Davie County, North Carolina? Yes _____ No _____
If yes, how long? _____
3. Do you hold any position as the result of an appointment by a federal, state, or local government body or government official:
(A Notary Public or federal postal system position should be included.)
4. Do you hold any federal, state, or local government position as the result of being elected by the voters?
5. Are you aware of any conflict of interest which would prohibit you from serving as a member of the
Davie County Nursing-Adult Care Home Community Advisory
Committee? _____

6. Are you presently a member of any Davie County Board, Committee or Commission? Yes _____ No _____
If yes, please indicate name(s) and number of terms served.

7. Have you ever served on any Davie County Board, Committee or Commission? Yes _____ No _____
If yes, please indicate name(s) and date(s) served.

Signature: _____ Date: _____

RETURN TO: LTC Ombudsman Program
Northwest Piedmont Council of Governments
400 West Fourth Street, Suite 400
Winston-Salem, NC 27101

PLEASE ATTACH A BRIEF RESUME WITH INFORMATION PERTINENT TO APPOINTMENT.