

**Nursing Home Community  
Advisory Committee**  
At-A-Glance

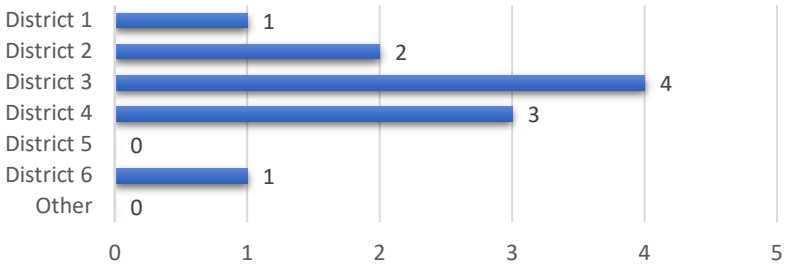
Eligible for Reappointment			
Name	District	Gender	Ethnicity
Mingo, Antoinette	3	Female	African American
Sanders, Sonya	3	Female	African American

NURSING HOME COMMUNITY ADVISORY DEMOGRAPHICS

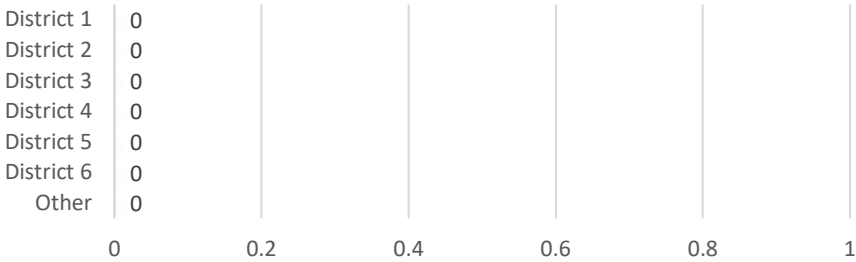
Districts

	Members	Applicants
District 1	1	0
District 2	2	0
District 3	4	0
District 4	3	0
District 5	0	0
District 6	1	0
Other	0	0
Total	11	0

Members by District



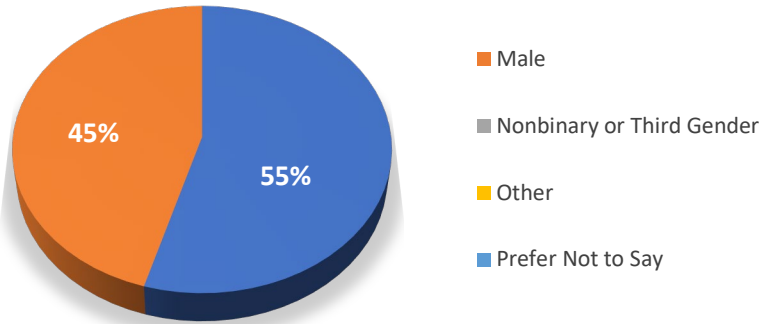
Applicants by District



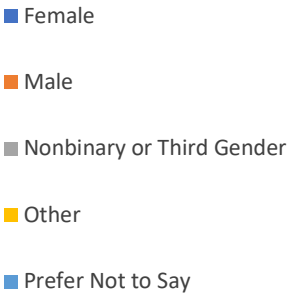
Gender

	Members	Applicants
Female	6	0
Male	5	0
Nonbinary or Third Gender	0	0
Other	0	0
Prefer Not to Say	0	0
Total	11	0

Members by Gender



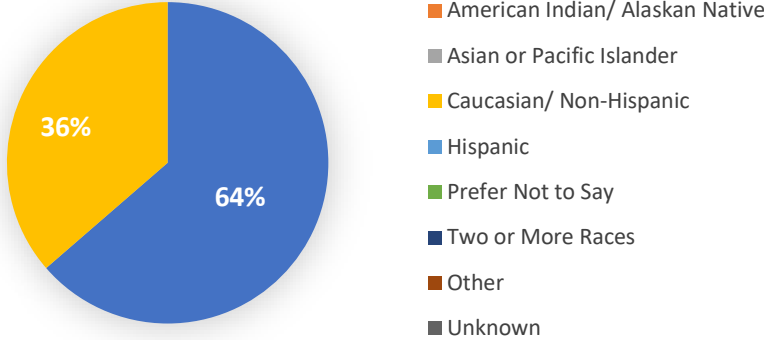
Applicants by Gender



Ethnicity/Race

	Members	Applicants
African-American	7	0
American Indian/ Alaskan Native	0	0
Asian or Pacific Islander	0	0
Caucasian/ Non-Hispanic	4	0
Hispanic	0	0
Prefer Not to Say	0	0
Two or More Races	0	0
Other	0	0
Unknown	0	0
Total	11	0

Members by Ethnicity/Race



Applicants by Ethnicity/Race



Statement to Applicants

Profile

Which Boards would you like to apply for?

Nursing Home Community Advisory Committee: Submitted

Antoinette Mingo  
First Name Last Name

What other names have you used? (includes, legal names, aliases, maiden names or professional monikers) NOTE: If none, please note N/A

Toni

wirebead2@gmail.com  
Email Address

13411 Ada Ct  
Home Address

Charlotte NC 28213  
City State Postal Code

Home: (704) 971-7244 Home: (704) 971-7244  
Primary Phone Alternate Phone

What Mecklenburg County District do you live in? Please verify below. \*

☒ 3

How long have you been a resident of Mecklenburg County? Please include months, or years.

15 years

My age range is (please select one): \*

☒ Over 55

Ethnicity \*

☒ African American

Gender \*

☒ Female

Interests & Experiences

## Education

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AAS, BPA and some Master's level courses

Retired

Employer

Retired

Occupation

## Business and civic experience

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PROFESSIONAL EXPERIENCE CURRENT: Nursing Home Ombudsman program Precinct Chair Member of the NC Democratic party State Executive Committee (SEC) having served on several committees on the SEC FORMER: Domestic Violence Committee (Mecklenburg County) Volunteer Guardian Ad Litem Officer in the County Democratic Party Director of Budget, University of the District of Columbia Background Investigator Substitute teacher, Prince Georges County Maryland Schools

## Area of expertise and interests/skills

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I am not a medical professional, however, common sense and training received through the Ombudsman program enables me to recognize mistreatment and nursing home violations. I am currently a volunteer team lead with the program and have advocated for residents to North Carolina State legislators.

## Additional Comments

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Seeking reappointment.

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## Additional Information

**If you are or have ever served on a Mecklenburg County board/commission, please answer yes or no. If yes, please disclose the Board and term-end date.**

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Domestic Violence Committee - Do not recall dates

## Why are you interested in serving on the board(s) to which you are applying?

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I have wanted to and do currently want to assist in making sure people who are not able to care for themselves are not abused, are in good health and treated well overall. I was one of the two people scheduling visits to nursing homes. With two schedulers we can cover more nursing homes and return to some where we found problems. We have so few volunteers now that only one of us schedule visits currently. I hope that I will be reappointed because with the recent cut to Medicaid, we will need to be even more vigilant because most of the residents are Medicaid recipients.

**Have you attended a meeting of the advisory board(s) to which you are applying?**

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☒ Yes ☐ No

## Hours Per Month Available for Position

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18

**How did you learn of the vacancy? \***

☒ Other

**If you answered other - Where did you learn of this vacancy?**

Reappointment notification

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## **Disclosure**

**Are you a Mecklenburg County resident?**

☐ Yes ☐ No

**Are you a current Mecklenburg County employee? (Mecklenburg County employees are prohibited from serving on any board where appointments are made by the Board of Commissioners. If you are a current, county employee who is to serve in an ex-officio and/or non-voting capacity on any board when required by law, please email [clerk@mecknc.gov](mailto:clerk@mecknc.gov) before submitting an application.)**

☐ Yes ☐ No

**Are you a current vendor with Mecklenburg County?**

☐ Yes ☐ No

**• Do you have any personal or business interest that could create a conflict (either real or perceived) if appointed? If yes, please explain the conflict.**

☐ Yes ☐ No

## **Disclaimer**

**I, hereby, authorize Mecklenburg County to verify all information included in this application. I certify that I have read the appointment policy and that the information contained in this application is true according to the best of my knowledge and belief. I certify that I am providing my legal name and address in which I reside. I understand that inaccurate or untrue information will be cause for removal from any appointed advisory board. By submitting this application, I agree to adhere to all County policies pertaining to advisory boards, including attendance. I understand if I do not achieve 65% annual attendance, I will be automatically removed from the board or commission to which I am appointed. I understand that this application is subject to the N.C. Public Records Law (NCGS § 132-1) and may be released upon request.**

☒ I Agree

**Signature of Applicant (Sign Your Legal Name):**

Antoinette Mingo

Statement to Applicants

Profile

Which Boards would you like to apply for?

Nursing Home Community Advisory Committee: Reapplying

Sonja Y Sanders  
First Name Middle Initial Last Name

What other names have you used? (includes, legal names, aliases, maiden names or professional monikers) NOTE: If none, please note N/A

Sonja Strayhorn Sanders

sonjasway2@yahoo.com  
Email Address

1507 Copperplate Rd  
Home Address

Charlotte NC 28262  
City State Postal Code

7046171238 7043368327  
Primary Phone Alternate Phone

What Mecklenburg County District do you live in? Please verify below. \*

☒ 3

How long have you been a resident of Mecklenburg County? Please include months, or years.

36 years

My age range is (please select one): \*

☒ Over 55

Ethnicity \*

☒ African American

Gender \*

☒ Female

Interests & Experiences

## Education

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MPA

	Urban Planner
Employer	Occupation

## Business and civic experience

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## Area of expertise and interests/skills

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## Additional Information

**If you are or have ever served on a Mecklenburg County board/commission, please answer yes or no. If yes, please disclose the Board and term-end date.**

Yes. Nursing Home Advisory Board

## Why are you interested in serving on the board(s) to which you are applying?

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I enjoy working with the elderly and helping to ensure they are cared for properly and understand their rights.

## Have you attended a meeting of the advisory board(s) to which you are applying?

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☒ Yes ☐ No

## Hours Per Month Available for Position

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6 hours

## How did you learn of the vacancy? \*

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None Selected

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## Disclosure

## Are you a Mecklenburg County resident?

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☒ Yes ☐ No

**Are you a current Mecklenburg County employee? (Mecklenburg County employees are prohibited from serving on any board where appointments are made by the Board of Commissioners. If you are a current, county employee who is to serve in an ex-officio and/or non-voting capacity on any board when required by law, please email clerk@mecknc.gov before submitting an application.)**

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☐ Yes ☒ No

**Are you a current vendor with Mecklenburg County?**

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☐ Yes ☒ No

**• Do you have any personal or business interest that could create a conflict (either real or perceived) if appointed? If yes, please explain the conflict.**

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☐ Yes ☒ No

#### **Disclaimer**

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**I, hereby, authorize Mecklenburg County to verify all information included in this application. I certify that I have read the appointment policy and that the information contained in this application is true according to the best of my knowledge and belief. I certify that I am providing my legal name and address in which I reside. I understand that inaccurate or untrue information will be cause for removal from any appointed advisory board. By submitting this application, I agree to adhere to all County policies pertaining to advisory boards, including attendance. I understand if I do not achieve 65% annual attendance, I will be automatically removed from the board or commission to which I am appointed. I understand that this application is subject to the N.C. Public Records Law (NCGS § 132-1) and may be released upon request.**

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☒ I Agree

**Signature of Applicant (Sign Your Legal Name):**

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Sonja S. Sanders

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#### **Board Specific Questions**

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# Mecklenburg County, NC Nursing Home Community Advisory Committee

## Board Details

The Nursing Home Advisory Committee serves as a liaison between the Board of County Commissioners and local Nursing Homes. Community Advisory Committees (CACs) promote and protect the rights of residents living in adult care homes and nursing facilities through regular visitation to long term care facilities in the county.

### Responsibilities

- Quarterly and/or Annual Official Visits to residents in either adult care homes or nursing homes with an assigned committee.
- Complete friendly visits, activity visits as often as possible, complaint visits as needed.
- Provide information to the public about long-term care.
- Attend quarterly business meetings and complete continuing education hours
- Submit documentation regarding activities, visits, complaints and training.

### Training

- Initial orientation and field training of 36 hours
- Demonstrate Continuing Education of 18 hours annually.
- As a Representative of the Office, must represent the program in a good faith performance of their duties as a CAC member.

### Terms of Service

- Apply through the Clerk of the County Commissioners or Ombudsman office
- All committee members are trained and designated by the NC Office of the Ombudsman Program and then appointed by the County Commissioners.
- Members of these committees must reside within the county that the committee serves
- Members must be able to travel to each Long-Term Care Facility in the county in part with an assigned sub-committee.
- They must be able to visit a facility and effectively communicate with the resident's family, and facility staff.
- Have access to computer and internet for ongoing training purposes.
- Be available to serve an average of ten (10) hours per month, both visiting and completing trainings.

Conflict of Interest – An individual cannot serve if they or any family members:

- Have a financial interest in a home served by the committee.
- Are an employee or a governing board member of a facility.
- Have an immediate family member in the type of home served by the committee.

Immediate family is defined as mother, father, sister, brother, child, grandmother, grandfather, and in-laws.

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## Overview

- **Size** 34 Seats
- **Term Length** 3 Year
- **Term Limit** 2 Terms

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## Contact

- **Name** Hillary Kaylor and Rochelle McIver
- **Phone** (704) 348-2724

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## Additional

**Qualifications**

No person or immediate family member of a person with a financial interest in a home served by this committee, no employee or governing board member of a home served by this committee, and no immediate family member of a resident in a home served by this committee may be a member of this committee. Must be able to travel to each facility in the county. Be available to serve an average of eight (8) hours per month. Must be able to complete an initial orientation and field training of 15 hours. Must be a resident of Mecklenburg County.

**Advisory Board Details**

Appointments are made for one-year terms for the first year, and any member reappointed to a second or third- year term will be appointed for a three-year term, with no one serving more than two consecutive terms. Responsibilities • Quarterly and/or Annual Official Visits to residents in either adult care homes or nursing homes with an assigned committee. • Complete friendly visits, activity visits as often as possible, complaint visits as needed. • Provide information to the public about long-term care. • Attend quarterly business meetings and complete continuing education hours • Submit documentation regarding activities, visits, complaints and training.

**Meeting Dates/Times**

Quarterly - 10:00 am - 12:00 pm

**Meeting Location**

Centralina Council of Governments Office - 10735 David Taylor Drive, 2nd floor | Charlotte, NC 28262

**Time Commitment**

8 hours per month

**Stipend**

Yes

**Special Notes**

Training • Initial orientation and field training of 36 hours • Demonstrate Continuing Education of 18 hours annually. • As a Representative of the Office, must represent the program in a good faith performance of their duties as a CAC member.

**Job Description**

## Nursing Home Community Advisory Committee

### Board Roster

#### Sonja Y Sanders

**2nd Term** Aug 05, 2014 - Jun 30, 2025

**Email** sonjasway2@yahoo.com

**Appointing Authority** BOCC

**Home Phone** : 7046171238

**Alternate Phone** : 7043368327

**Address**

1507 Copperplate Rd  
Charlotte, NC 28262

#### Antoinette Mingo

**2nd Term** Sep 18, 2018 - Sep 30, 2025

**Email** wirebead2@gmail.com

**Appointing Authority** BOCC

**Home Phone** Home: (704) 971-7244

**Alternate Phone** Home: (704) 971-7244

**Address**

13411 Ada Ct  
Charlotte, NC 28213

#### Benita J Mason

**2nd Term** Feb 19, 2019 - Feb 28, 2026

**Email** benitaj01@gmail.com

**Appointing Authority** BOCC

**Home Phone** : 9197308840

**Alternate Phone** : 7048089304

**Address**

5956 Prescott Ct  
Charlotte, NC 28269

#### Kimberly Anderson

**2nd Term** Feb 19, 2019 - Feb 28, 2026

**Email** kdanderson60dst@gmail.com

**Appointing Authority** BOCC

**Home Phone** : 7047781676

**Alternate Phone** : 7047781676

**Address**

4242 Quinn Dr  
Charlotte, NC 28269

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□ **Regina E Tisdale**

**2nd Term** Feb 19, 2019 - Feb 28, 2026

**Email** rtisdale44@yahoo.com

**Appointing Authority** BOCC

**Home Phone** Home: (704) 712-0883

**Alternate Phone** Home: (704) 712-0883

**Address**

1615 35th St

B

Charlotte, NC 28205

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□ **Sharrone Robinson**

**2nd Term** May 21, 2019 - May 31, 2026

**Email** zeta1920@hotmail.com

**Appointing Authority** BOCC

**Home Phone** Home: (704) 391-0136

**Alternate Phone** Home: (704) 488-8097

**Address**

1521 Eagles Landing Dr

Charlotte, NC 28214

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□ **Charles B McCrory**

**3rd Term** Jul 02, 2019 - Jul 31, 2026

**Email** mccrorybarry@gmail.com

**Appointing Authority** BOCC

**Home Phone** : 7046070353

**Alternate Phone** : 7046070353

**Address**

6524 Folger Dr

Charlotte, NC 28270

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□ **Robert Bruton**

**3rd Term** Apr 19, 2016 - Aug 31, 2026

**Email** bobbruton@hotmail.com

**Appointing Authority** BOCC

**Home Phone** Home: (704) 895-7165

**Alternate Phone** Home: (704) 895-7165

**Address**

20235 Rainbow Cr

Cornelius, NC 28031

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□ **Larry Blakeney Sr**

**3rd Term** Sep 19, 2017 - Sep 30, 2026

**Email** 691@noemail.com

**Appointing Authority** BOCC

**Home Phone** : 7045734437

**Address**

2204 Heath Lake Dr

Mint Hill, NC 28227

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**Jeffrey Giddens**

**3rd Term** Oct 20, 2020 - Sep 30, 2026

**Email** 715@noemail.com

**Home Phone** : 7043925950

**Address**

5812 Pennycross Ln  
Charlotte, NC 28216

**Appointing Authority** BOCC

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**Frederick R Benson**

**2nd Term** Jun 20, 2017 - Jun 30, 2027

**Email** fredbenson@aol.com

**Home Phone** Home: (704) 567-1695

**Address**

5230 Auburndale Rd  
Charlotte, NC 28205

**Appointing Authority** BOCC

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**Vacancy**

**Appointing Authority** BOCC

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**Vacancy**

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