

# Nursing Home Community Advisory Committee

## At-A-Glance

**Eligible for Reappointment**

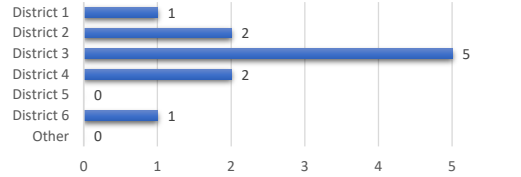
<b>Name</b>	<b>District</b>	<b>Gender</b>	<b>Ethnicity</b>
Robinson, Sharrone	2	Female	African American

# NURSING HOME COMMUNITY ADVISORY DEMOGRAPHICS

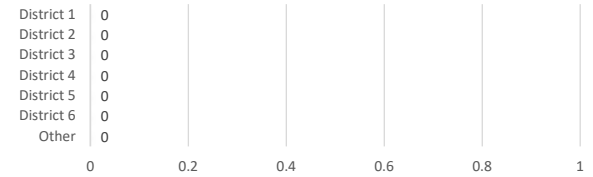
## Districts

	Members	Applicants
District 1	1	0
District 2	2	0
District 3	5	0
District 4	2	0
District 5	0	0
District 6	1	0
Other	0	0
<b>Total</b>	<b>11</b>	<b>0</b>

Members by District



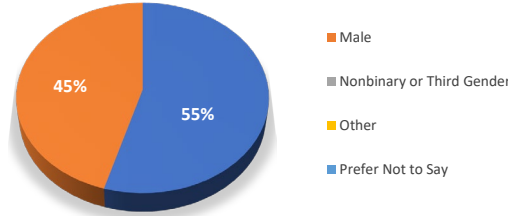
Applicants by District



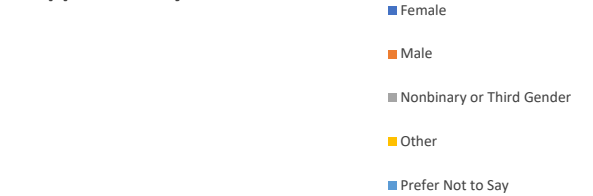
## Gender

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

Members by Gender



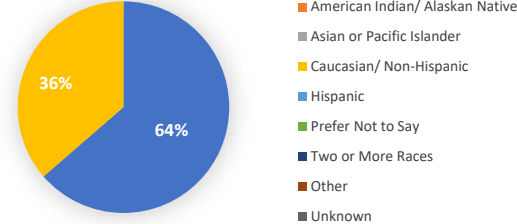
Applicants by Gender



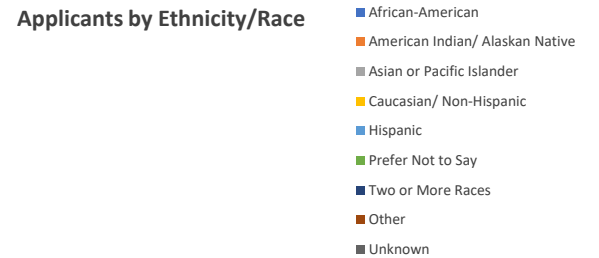
## Ethnicity/Race

	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
<b>Total</b>	<b>11</b>	<b>0</b>

Members by Ethnicity/Race



Applicants by Ethnicity/Race



## Statement to Applicants

### Which Boards would you like to apply for?

---

Nursing Home Community Advisory Committee: Reapplying

---

## Profile

Sharrone

First Name

Robinson

Last Name

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

---

NA

zeta1920@hotmail.com

Email Address

1521 Eagles Landing Dr

Home Address

Charlotte

City

NC

State

28214

Postal Code

Home: (704) 391-0136

Primary Phone

Home: (704) 488-8097

Alternate Phone

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

---

2

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

---

28 years

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

---

Over 55

### Ethnicity \*

---

African American

### Gender \*

---

Female

---

## Profile

Sharrone

First Name

Robinson

Last Name

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

NA

zeta1920@hotmail.com

Email Address

1521 Eagles Landing Dr

Home Address

Charlotte

City

NC

State

28214

Postal Code

Home: (704) 391-0136

Primary Phone

Home: (704) 488-8097

Alternate Phone

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

2

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

28 years

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

Over 55

**Ethnicity \***

African American

**Gender \***

Female

---

## Interests & Experiences

### Education

Masters of Business Administration

TIAA

Employer

Financial Services

Occupation

### Business and civic experience

Results-oriented business professional with 20 years of experience in Finance, Project Management, Sales, Information Technology and Human Resources.

## Area of expertise and interests/skills

---

Responsibilities have included: financial analysis and reporting for billion dollar companies (both privately and publicly held) where specific actions were identified to meet 300M to 700M revenue targets, owner of forecasting and budgeting processes that monitored business performances and provided tools for effective decision making, subject matter expert for customer agreements and contracts that resulted in savings in ranges up to 1M, buildin

---

## 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?**

---

I have a passion for assisting the elderly and being an advocate for the disabled and elderly

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

---

Yes  No

**Hours Per Month Available for Position**

---

14

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

---

Other

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

---

I have been serving on the Nursing Home Advisory Board for more than 4 years

---

## 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

---

## **Board Specific Questions**

### **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):**

Sharrone Robinson

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.

---

## Overview

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

---

## Contact

- Name** Hillary Kaylor
- Phone** (704) 348-2724

---

## 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

### 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

### 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

### 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

### Jeffrey Giddens

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

**Email** 715@noemail.com

**Appointing Authority** BOCC

**Home Phone** : 7043925950

**Address**

5812 Pennycross Ln  
Charlotte, NC 28216

---

□ **Larry Blakeney Sr**

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

**Email** 691@noemail.com

**Home Phone** : 7045734437

**Address**

2204 Heath Lake Dr  
Mint Hill, NC 28227

**Appointing Authority** BOCC

---

□ **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

---

□ **Sonja Y Sanders**

**3rd Term** Aug 05, 2014 - Jun 30, 2028

**Email** sonjasway2@yahoo.com

**Home Phone** : 7046171238

**Alternate Phone** : 7043368327

**Address**

1507 Copperplate Rd  
Charlotte, NC 28262

**Appointing Authority** BOCC

---

□ **Antoinette Mingo**

**3rd Term** Sep 18, 2018 - Sep 30, 2028

**Email** wirebead2@gmail.com

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

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

**Address**

13411 Ada Ct  
Charlotte, NC 28213

**Appointing Authority** BOCC

---

□ **Benita J Mason**

**3rd Term** Feb 19, 2019 - Feb 28, 2029

**Email** benitaj01@gmail.com

**Home Phone** : 9197308840

**Alternate Phone** : 7048089304

**Address**

5956 Prescott Ct  
Charlotte, NC 28269

**Appointing Authority** BOCC

---

□

**Regina E Tisdale**

**3rd Term** Feb 19, 2019 - Feb 28, 2029

**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

---

□

**Kimberly Anderson**

**3rd Term** Feb 19, 2019 - Feb 28, 2029

**Email** kdanderson60dst@gmail.com

**Appointing Authority** BOCC

**Home Phone** Home: (704) 778-1676

**Alternate Phone** Home: (704) 778-1676

**Address**

1701 Jennings Street

Charlotte, NC 28216

---

□

**Vacancy**

**Appointing Authority** BOCC

---

□

**Vacancy**

**Appointing Authority** BOCC

---

□

**Vacancy**

**Appointing Authority** BOCC

---

□

**Vacancy**

**Appointing Authority** BOCC

---

□

**Vacancy**

**Appointing Authority** BOCC

---

---

□ **Vacancy**

**Appointing Authority** BOCC

---

□ **Vacancy**

**Appointing Authority** BOCC

---

□ **Vacancy**

**Appointing Authority** BOCC

---

□ **Vacancy**

**Appointing Authority** BOCC

---

□ **Vacancy**

**Appointing Authority** BOCC

---

□ **Vacancy**

**Appointing Authority** BOCC

---

□ **Vacancy**

**Appointing Authority** BOCC

---

□ **Vacancy**

**Appointing Authority** BOCC

---

□ **Vacancy**

□ **Vacancy**

---

□ **Vacancy**

---

□ **Vacancy**

---

□ **Vacancy**

---

□ **Vacancy**

---

□ **Vacancy**

---

□ **Vacancy**

---

□ **Vacancy**

---

□ **Vacancy**