

Nursing Home Community Advisory Committee

At-A-Glance

Eligible for Reappointment

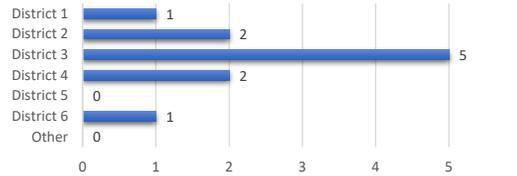
Name	District	Gender	Ethnicity
Anderson, Kimberly	3	Female	African American
Mason, Benita	3	Female	African American
Tisdale, Regina	3	Female	African American

NURSING HOME COMMUNITY ADVISORY DEMOGRAPHICS

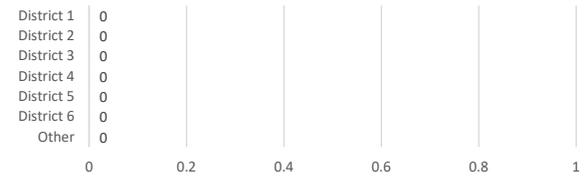
Districts

	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
Total	11	0

Members by District



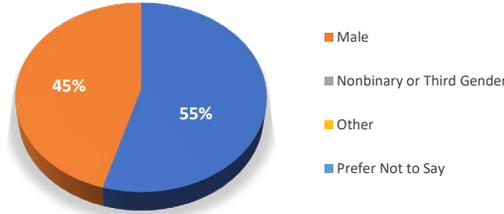
Applicants by District



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



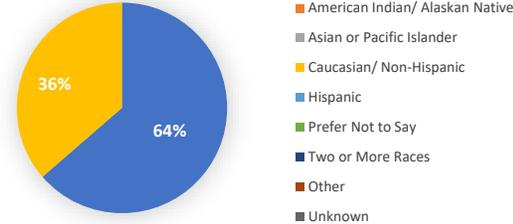
Applicants by Gender



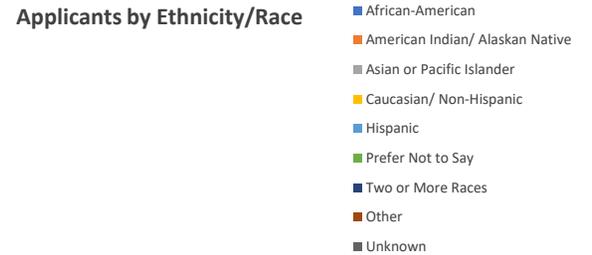
Ethnicity/Race

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

Nursing Home Community Advisory Committee: Submitted

Profile

Kimberly

First Name

Anderson

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

kdanderson60dst@gmail.com

Email Address

1701 Jennings Street

Home Address

Charlotte

City

NC

State

28216

Postal Code

Home: (704) 778-1676

Primary Phone

Home: (704) 778-1676

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.**

57**My age range is (please select one): *** Over 55**Ethnicity *** African American**Gender *** Female

Profile

Kimberly

First Name

Anderson

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

kdanderson60dst@gmail.com

Email Address

1701 Jennings Street

Home Address

Charlotte

City

NC

State

28216

Postal Code

Home: (704) 778-1676

Primary Phone

Home: (704) 778-1676

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.

57

My age range is (please select one): *

Over 55

Ethnicity *

African American

Gender *

Female

Interests & Experiences

Education

Master of Education - Counselor Education, additional coursework - School Administration License, additional coursework - Real Estate Broker Licensing course

CMS Schools

Employer

Dean of Students

Occupation

Business and civic experience

Community Service with Alzheimer's Association- Western Carolina Chapter Member, Delta Sigma Theta Sorority Inc Property Management

Area of expertise and interests/skills

Office management skills, counseling skills, community engagement, data-driven decision making, client relationship management, planning/organization, soft skills, conflict mediation, detailed oriented, confidential material handling, leadership and team facilitation, communication skills

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 Community Advisory Committee Still serving at present time

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

I am interested in continuing my service on the Nursing Home CAC because I am committed to advocating for this vulnerable population and ensuring that the residents receive dignified, compassionate AND high quality care. I plan to use my leadership expertise and community-focused experience to support these individuals and their families to protect our elderly. As I have visited many nursing homes in Mecklenburg county there are distinct differences in the appearance, staffing, quality of food and care -- and many of them are not able to speak for themselves, their families may not know what to look or ask for when they visit.

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

Yes No

Hours Per Month Available for Position

10 - 15

How did you learn of the vacancy? *

Other

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

Email

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 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):

Kimberly Anderson

Statement to Applicants**Which Boards would you like to apply for?**

Nursing Home Community Advisory Committee: Appointed

Profile

Benita

First Name

J

Middle
Initial

Mason

Last Name

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

benitaj01@gmail.com

Email Address

5956 Prescott Ct

Home Address

Charlotte

City

NC

State

28269

Postal Code

9197308840

Primary Phone

7048089304

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.****My age range is (please select one): *** 55 or older**Ethnicity *** African American**Gender *** Female

Profile

Benita

First Name

J

Middle
Initial

Mason

Last Name

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

benitaj01@gmail.com

Email Address

5956 Prescott Ct

Home Address

Charlotte

City

NC

State

28269

Postal Code

9197308840

Primary Phone

7048089304

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.

My age range is (please select one): *

55 or older

Ethnicity *

African American

Gender *

Female

Interests & Experiences

Education

MBA-MHA, State Licensed Assisted Living Admin

Self Employed Contractor

Employer

Consultant Senior and
Veterans Care

Occupation

Business and civic experience

SNF Admissions, ACH/AL Administrator, QMHP/Case Manager

Area of expertise and interests/skills

Adult Housing, Healthcare Advocate, Behavior and Mental Health Care

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.

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

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

Yes No

Hours Per Month Available for Position

Flexible

How did you learn of the vacancy? *

Other

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

County Website

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 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):

Benita J. Mason

Statement to Applicants**Which Boards would you like to apply for?**

Women's Advisory Board: Archived

Profile

Regina

First Name

E

Middle
Initial

Tisdale

Last Name

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

N/A

rtisdale44@yahoo.com

Email Address

1615 35th St

Home Address

B

Suite or Apt

Charlotte

City

NC

State

28205

Postal Code

Home: (704) 712-0883

Primary Phone

Home: (704) 712-0883

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.**

22yrs**My age range is (please select one): *** Over 55**Ethnicity *** African American**Gender *** Female

Profile

Regina

First Name

E

Middle
Initial

Tisdale

Last Name

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

N/A

rtisdale44@yahoo.com

Email Address

1615 35th St

Home Address

B

Suite or Apt

Charlotte

City

NC

State

28205

Postal Code

Home: (704) 712-0883

Primary Phone

Home: (704) 712-0883

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.

22yrs

My age range is (please select one): *

Over 55

Ethnicity *

African American

Gender *

Female

Interests & Experiences

Education

Central Piedmont Community College-Business Management

Ciox Health Inc

Employer

Area Client Specialist

Occupation

Business and civic experience

ABWA Nursing home community advisory committee

Area of expertise and interests/skills

conflict resolution, working through problems,getting information to people who need it

Additional Comments

I look forward to working with these women to see what services we can present to women of all genres that we can help

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.

2025

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

I am interested in women's rights womens pay,womens issues and how they are coming across

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

Yes No

Hours Per Month Available for Position

6

How did you learn of the vacancy? *

Mecklenburg County Website

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 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):

Regina E Tisdale

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 and Rochelle McIver
- 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

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

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 Home: (704) 778-1676

Alternate Phone Home: (704) 778-1676

Address

1701 Jennings Street

Charlotte, NC 28216

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

□ **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

□ **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

□ **Frederick R Benson**

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

Email fredbenson@aol.com

Appointing Authority BOCC

Home Phone Home: (704) 567-1695

Address

5230 Auburndale Rd
Charlotte, NC 28205

□ **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

□ **Vacancy**

Appointing Authority BOCC

□ **Vacancy**

Appointing Authority BOCC

□ **Vacancy**

□ **Vacancy**

□ **Vacancy**