

Adult Care Home Community Advisory Committee

Applicants At-A-Glance

Two (2) One-year terms expiring September 30, 2025

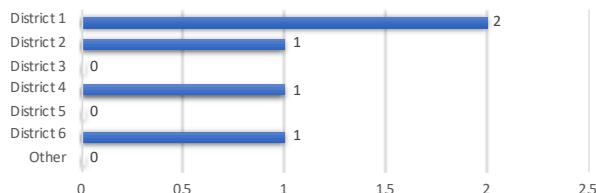
Name	District	Gender	Ethnicity
King, Kendra	4	Female	African American
Plair, Lestary	1	Female	African American

ADULT CARE HOME COMMUNITY ADVISORY COMMITTEE DEMOGRAPHICS

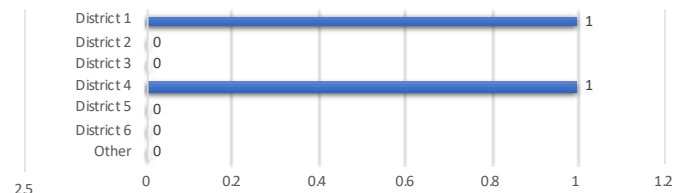
Districts

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

Members by District



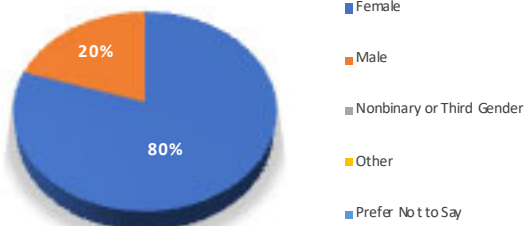
Applicants by District



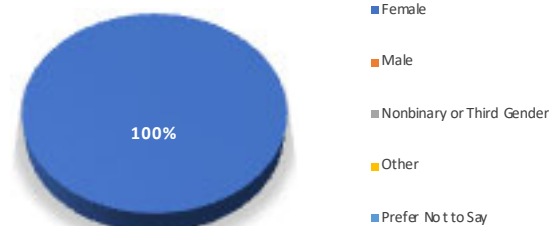
Gender

	Members	Applicants
Female	4	2
Male	1	0
Nonbinary or Third Gender	0	0
Other	0	0
Prefer Not to Say	0	0
Total	5	2

Members by Gender



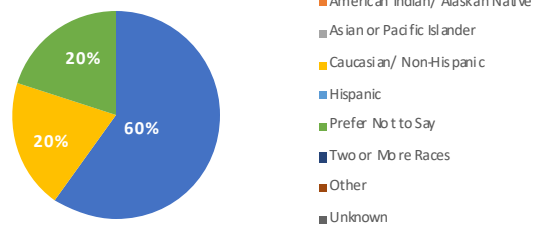
Applicants by Gender



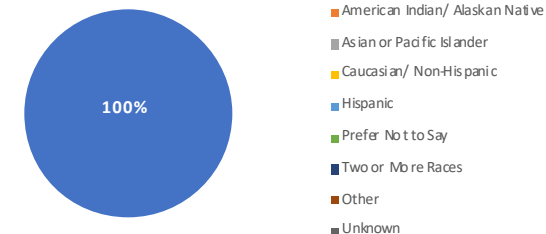
Ethnicity/Race

	Members	Applicants
African-American	3	2
American Indian/ Alaskan Native	0	0
Asian or Pacific Islander	0	0
Caucasian/ Non-Hispanic	1	0
Hispanic	0	0
Prefer Not to Say	1	0
Two or More Races	0	0
Other	0	0
Unknown	0	0
Total	5	2

Members by Ethnicity/Race



Applicants by Ethnicity/Race



Statement to Applicants

Profile

Which Boards would you like to apply for?

Adult Care Home Community Advisory Committee: Submitted

Kendra King
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

N/A

k.burch.mym@gmail.com
Email Address

5230 Walnut Grove Ln
Home Address

Charlotte NC 28227
City State Postal Code

Mobile: (704) 293-1744
Primary Phone Alternate Phone

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

☒ 4

How long have you been a resident of Mecklenburg County?

14 years

My age range is (please select one): *

☒ 30 to 45

Ethnicity *

☒ African American

Gender *

☒ Female

Interests & Experiences

Education

Johnson C. Smith University: Bachelors of Arts in Psychology 2011 Johnson C. Smith University: Masters in Social Work 2017

Market Your Mind Services
(MYM)

Employer

Advanced Advocate &
Accountability Specialist

Occupation

Business and civic experience

JCPC Board Member 2019-Current

Area of expertise and interests/skills

Commercial Sexual Exploitation of Children(CSEC)/Domestic Minor Sex Trafficking (DMST)
Substance Abuse Partners of Sex Addicts Trauma Recovery Decedent 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.

Mecklenburg County Juvenile Crime Prevention Council: Yes-June 2023

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

I would like to apply my knowledge and skills to effectively advocate for a population that gets consistently taken advantage of on a micro, mezzo and macro level. While working in decedent care, I've observed a variety of facilities in Mecklenburg county that display poor quality in services. It's my belief that I'll be an asset to the committee

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

☒ Yes ☐ No

Hours Per Month Available for Position

Whatever is required

How did you learn of the vacancy? *

☒ NotifyMe Email

Disclosure

Are you a Mecklenburg County resident?

☒ Yes ☐ No

Are you a current Mecklenburg County employee?(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@mecklenburgcountync.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):

Kendra Monique King

Board Specific Questions

Question applies to Adult Care Home Community Advisory Committee

Based upon qualifications for the Adult Care Home Community Advisory Committee, do you agree that neither you nor your immediate family fall into any of the following situations: 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.

☒ Yes ☐ No



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES
OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN

COMMUNITY ADVISORY COMMITTEE
ORIENTATION TRAINING STATUS

Applicant's Name: Kendra King

Regional Ombudsman's Name: Rochelle Mciver

Region: F County: Mecklenburg

Date: August 21, 2024

County Committee: ☒ Adult Care Home ☐ Nursing Home ☒ Joint

Beginning Date of Orientation Training: February 29, 2024

Assigned Group: Group D

Assigned Group Schedules: The schedules listed below are based on a 20-hour orientation training.

Week	Group A <input type="checkbox"/> Monday - Thursday 10:00 a.m. - 3:30 p.m.	Group B <input type="checkbox"/> Thursday & Friday 10:00 a.m. - 3:30 p.m.	Group C <input type="checkbox"/> Tuesday, Wednesday, Thursday 5:30 p.m. - 7:30 p.m.	Group D <input checked="" type="checkbox"/> Thursday & Friday 10:00 a.m. - 3:30 p.m.
1	January 29, 2024 January 30, 2024 January 31, 2024 February 1, 2024	February 15, 2024 February 16, 2024	February 20, 2024 February 21, 2024 February 22, 2024	February 29, 2024 March 1, 2024
2		February 22, 2024 February 23, 2024	February 27, 2024 February 28, 2024 February 29, 2024	March 7, 2024 March 8, 2024
3			March 5, 2024 March 6, 2024 March 7, 2024	
4			March 12, 2024	

*Alternative Schedule: Group E 10:00 a.m. – 3:30 p.m. ☐ *

One Week Course	March 19, 2024	March 20, 2024	March 21, 2024	March 22, 2024
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Applicants are expected to complete all of the Community Advisory Committee (CAC) Orientation training before being certified, designated, and appointed as a CAC volunteer/member. The training for Pilot III consists of three phases in the following order:

Phase I	Phase II	Phase III
Independent Study	Classroom Orientation	Field Work Orientation
(7) hours of independent study/homework (independent, web-based, webinars)	(16 – 20) hours of State Office classroom orientation 1. Modules 1 – 10 2. Depending on Group Schedule selections available, classes can run from 1 – 8 weeks.	(10 – 14) hours of facility visitation to speak with staff members and residents of the facilities you will be serving.

Section A:

As a CAC applicant, an attestation form was signed expressing orientation training must be completed within 90 days of application. Below is a summary of your application status.

Summary: You have successfully completed the required 36-hours of CAC orientation training. Congratulations on becoming a CAC volunteer!

Application Status: Approved

Updated: 2/1/2024

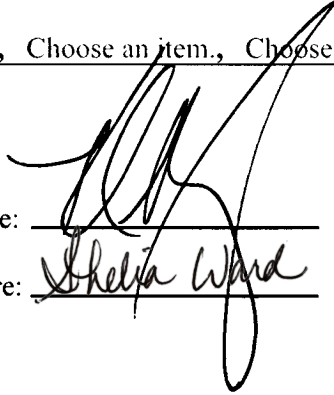
Section B: *Only complete this section if in "denied" status or if there were absences in the first scheduled initial class orientation training.*

Date of Orientation Missed: Date 1: Click or tap to enter a date. Date 2: Click or tap to enter a date.

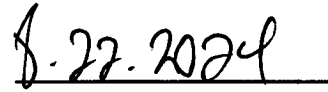
Make up Day: Date 1: Click or tap to enter a date. Date 2: Click or tap to enter a date.

Module: Choose an item., Choose an item., Choose an item.

CAC Applicant's Signature: _____

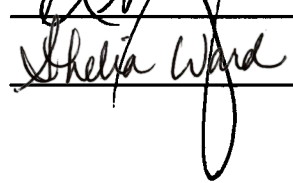


DATE: _____



8/22/2024

SLTCO Trainer's Signature: _____



DATE: _____

WWW.NCDHHS.GOV

TEL 919-855-3400 • FAX 919-715-0364

LOCATION: 693 PALMER DRIVE • TAYLOR HALL • RALEIGH, NC 27603

MAILING ADDRESS: 2101 MAIL SERVICE CENTER • RALEIGH, NC 27699-2101

Statement to Applicants

Profile

Which Boards would you like to apply for?

Adult Care Home Community Advisory Committee: Submitted

Lestary T Plair
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

Lestary T Medford

starlight1978nc@gmail.com
Email Address

10830 Drake Hill Drive
Home Address

Huntersville NC 28078
City State Postal Code

Mobile: (757) 270-5959
Primary Phone Alternate Phone

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

☒ 1

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

19 months

My age range is (please select one): *

☒ 30 to 45

Ethnicity *

☒ African American

Gender *

☒ Female

Interests & Experiences

Lestary T Plair

Education

College. Certifications include RBLP-T, Lean Six Sigma, certified office manager

Intellichoice

Employer

Retired Veteran

Occupation

Business and civic experience

NC NOTARY current

Area of expertise and interests/skills

I am a Retired Navy Veteran of 26 years. My areas of expertise include leadership, clerical, managerial, project management, change agent, and a passion for people.

Additional Comments

I am interested in serving in this capacity as I am the mother of a special needs adult. She resides with me and I am her legal guardian caregiver. I am passionate about this population as they are the most fragile. I feel like I would be a great asset since this something that is relatable to me. I am looking to give back in the community.

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.

No

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

I am interested in this particular board as I am the mom of a special needs adult.

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

☐ Yes ☒ No

Hours Per Month Available for Position

8-14

How did you learn of the vacancy? *

☒ Mecklenburg County Website

Disclosure

Are you a Mecklenburg County resident?

☒ Yes ☐ No

Lestary T Plair

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

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):

Lestary Plair

Board Specific Questions

Question applies to Adult Care Home Community Advisory Committee

Based upon qualifications for the Adult Care Home Community Advisory Committee, do you agree that neither you nor your immediate family fall into any of the following situations: 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.

☒ Yes ☐ No

Lestary T Plair



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES
OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN

COMMUNITY ADVISORY COMMITTEE
ORIENTATION TRAINING STATUS

Applicant’s Name: Lestary Plair

Regional Ombudsman’s Name: Rochelle Mciver

Region: F County: Mecklenburg

Date: May 22, 2024

County Committee: ☒ Adult Care Home ☐ Nursing Home ☐ Joint

Beginning Date of Orientation Training: May 7, 2024

Assigned Group: Group A

Assigned Group Schedules: The schedules listed below are based on a 20-hour orientation training.

Group A ☑ Tuesday - Friday Week 10:00 a.m. - 3:30 p.m.		Group B ☐ Thursday & Friday 10:00 a.m. - 3:30 p.m.		Group C ☐ Thursday & Friday 10:00 a.m. - 3:30 p.m.		Group D ☐ Tuesday, Wednesday, Thursday 5:30 p.m. - 7:30 p.m.		
1	May 7, 2024 May 8, 2024 May 9, 2024 May 10, 2024	May 30, 2024	May 31, 2024	July 11, 2024	July 12, 2024	July 16, 2024	July 17, 2024	July 18, 2024
2		June 6, 2024	June 7, 2024	July 18, 2024	July 19, 2024	July 23, 2024	July 24, 2024	July 25, 2024
3						July 30, 2024	July 31, 2024	August 1, 2024

Applicants are expected to complete all of the Community Advisory Committee (CAC) Orientation training before being certified, designated, and appointed as a CAC volunteer/member. The training for Pilot III consists of three phases in the following order:

Phase I	Phase II	Phase III
Independent Study	Classroom Orientation	Field Work Orientation
(7) hours of independent study/homework (independent, web-based, webinars)	(16 – 20) hours of State Office classroom orientation	(10 – 14) hours of facility visitation to speak with staff members and residents of the facilities you will be serving.
	1. Modules 1 – 10	
	2. Depending on Group Schedule selections available, classes can run from 1 – 8 weeks.	

As a CAC applicant, an attestation form was signed expressing orientation training must be completed within 90 days of application. Below is a summary of your application status.

Application Status: Approved

CAC Applicant's Signature: _____
 SLTCO Trainer's Signature: _____

DATE: 7/25/24

Updated: 2/1/2024



Mecklenburg County, NC

Adult Care Home Community Advisory Committee

Board Details

To advocate for the rights of citizens residing in rest homes. The Adult Care Home Community Advisory Committee promotes the interests and well-being of the residents in adult care homes (Assisted living, which are long-term care facility for people needing assistance with activities of daily living such as meal preparation, medication administration, bathing, etc.,)

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** 35 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 complete an initial orientation and field training of 15 hours. Must be available to serve an average of eight (8) hours per month. Must be able to travel to each facility in the county to complete scheduled visits in addition to the meetings. Persons serving must be a resident of Mecklenburg County. Appointed members must attend a minimum of 65% of all scheduled meetings in a calendar year and cannot miss three consecutive meetings. Failure to comply with attendance requirements will result in removal from the advisory board.

Advisory Board Details

Appointments are made for one-year terms for 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 three-year terms.

Meeting Dates/Times

Quarterly - 10:00 a.m. to 12:00 p.m.

Meeting Location

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

Time Commitment

Must 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.

Stipend

Yes

Special Notes**Job Description**

Adult Care Home Community Advisory Committee

Board Roster

Toye Allen

2nd Term Sep 17, 2014 - Aug 31, 2025

Email dymonprincez1@yahoo.com

Appointing Authority BOCC

Home Phone : 7049681232

Alternate Phone : 7042588689

Address

6401 Ivory Palm Dr
Charlotte, NC 28227

Charlene Barr

2nd Term Nov 15, 2011 - Aug 31, 2025

Email bowie0863@yahoo.com

Appointing Authority BOCC

Home Phone : 7043924958

Alternate Phone : 7042272820

Address

5714 Southminster Ln
Charlotte, NC 28216

Patricia Moore

3rd Term Nov 01, 2020 - Oct 31, 2026

Email phmoore71@gmail.com

Appointing Authority BOCC

Home Phone : 7045022383

Address

10927 Harringham Ln
Charlotte, NC 28269

Evelyn Moses

2nd Term Dec 18, 2012 - Oct 31, 2025

Email msmoses0303@gmail.com

Appointing Authority BOCC

Home Phone Home: (914) 954-8244

Address

8610 Beaver Creek Dr
Charlotte, NC 28269

□ **Tom Rothrock**

2nd Term Aug 05, 2014 - Aug 31, 2025

Email trothrock1@gmail.com

Appointing Authority BOCC

Home Phone : 7049102734

Alternate Phone : 7045539594

Address

3163 Park South Station Bv

Charlotte, NC 28210

□ **Vacancy**

Appointing Authority BOCC

□ **Vacancy**

Appointing Authority BOCC

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