



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

**NOTIFICATION REQUESTING REMOVAL OF
COMMUNITY ADVISORY COMMITTEE MEMBER(S)**

TO: Clerk/County Manager: Yvonne Gilyard

FROM: Choose an item., **Regional Ombudsman**

Region: J

Volunteer Name: Nancy Roughgarden

County Served: Wake

Date: July 11, 2022

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

Date of Appointment: 10/01/2006

Reason for Request Summary: Volunteer resignation due to other obligations.

COVID-19 Related: YES ☐ NO ☒

Volunteers are a vital part of the services that support older adults in your county. However, the volunteer indicated above has been de-designated by the Office of the State Long-Term Care Ombudsman and is no longer eligible for continued service for the following reason:

____ Conflict of Interest

1. G.S. 131 E-128 (f) Nursing Home
2. G.S. 131 D-31 (g) Adult Care Home
3. 45 CFR §1324.21

____ Failure to attend required on-going training or complete required orientation and training.

1. G.S. 131 E- 128 (g) Nursing Home
2. G.S. 131 D- 31 (h) Adult Care Home

Dates offered: _____

3 Other (Non-attendance at quarterly meetings and facility visits)

1. As determined by the Long-Term Care Ombudsman Program Policies and Procedures
2. As determined by the committee by-laws
3. As determined by resignation of the member
4. As determined by removal of designation by the Office of the State Long-Term Care Ombudsman
5. Expiration of term
6. Committee member is deceased

This is an official notification to the Board of Commissioners to remove named individual from service on the above-mentioned committee (HB 248, July 2017). Should you have any questions, please contact **Aimee Kepler, Regional Ombudsman**, 919-558-2719. Thank you in advance for your prompt attention to this matter.

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