

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL026031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2016
NAME OF PROVIDER OR SUPPLIER FOREST HILL GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3510 CAMDEN ROAD FAYETTEVILLE, NC 28306		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 4/6/16 -4/7/16.	C 000		
C 153	10A NCAC 13G .0501 (a) Personal Care Training And Competency 10A NCAC 13G .0501 Personal Care Training And Competency (a) The facility shall assure that personal care staff and those who directly supervise them in facilities without heavy care residents successfully complete a 25-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section. For the purposes of this Subchapter, heavy care residents are those for whom the facility is providing personal care tasks listed in Paragraph (i) of this Rule. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 3 staff (Staff A) had completed the required 25 hour personal care training. The findings are: Review of the personnel record on 4/7/16 for Staff A, Supervisor/Medication Aide, revealed: -Staff A was hired as a Supervisor/Medication Aide on 4/1/12. -There was no documentation of completion of the 25 hour personal care training.	C 153		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 153	Continued From page 1 -Staff A's Medication Clinical Skills Validation had been completed on 4/6/12 and 10/2/12. -Staff A completed Medication Aide testing on 9/11/12. -Staff A completed the Licensed Health Professional Support validation on 10/2/12. Review of the resident's records who resided in the facility revealed no residents required extensive assistance with Activity of Daily Living tasks. Interview with Staff A on 4/7/16 at 2:00pm revealed: -She did not recall participating in a 25 hour personal care training course. -She was never certified as a nursing assistant. -The facility nurse consultant provided training to all facility staff on residents' personal care and Licensed Health Professional Support tasks for residents, on an ongoing basis. Interview with the Administrator on 4/7/16 at 2:15pm revealed: -He had hired Staff A as a Medication Aide, and thought Medication Aides did not require training in personal care. -His other employees were Certified Nursing Assistants. -He was not aware all Supervisors were required to complete the required 25 hour personal care training. -He will assure Staff A completes the required 25 hour personal care training.	C 153		