

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL026031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
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 Report by Suzanna Fay DHSR Construction Section conducted a Biennial Survey on September 29, 2016 from 4:00 PM to 5:20 PM at the above referenced facility. DHSR records indicate the home was first licensed on July 17, 1996 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 1992 Family Care Homes Rules T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1996 North Carolina State Building Code - Section 419.2 - Residential Care Homes. Note: At the time of this survey, the bedroom quad on the left was undergoing renovations. The bathroom was dismantled and could not be checked. The bedrooms appeared to be receiving new paint and new flooring. Two of the Residents were sharing bedrooms and one remained in the wing during the renovation. There was a strong odor of paint and dust. Rugs were placed on the floor temporarily. Make sure the Residents are protected from the construction dust and odors. Remove all throw rugs when renovations are complete. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND	C 117		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL026031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
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 117	Continued From page 1 CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that current copies of the Fire and Sanitation Inspection Reports were not available at the facility. Provide copies of the most recent Fire and Sanitation Inspection Reports to DHSR/Construction Section with your signed Plan of Corrections.	C 117		
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. Observations revealed that the walls of the Staff bathroom were not being maintained in good repair. The wallpaper had been pulled down leaving torn strips of the white backing on the walls. Have a qualified technician repair the walls. Provide documentation of the repairs in the form of photos, receipts or work orders.	C 153		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL026031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
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 174	Continued From page 2 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Observations revealed that the sink cabinet in the Staff bathroom was in disrepair. Have a qualified technician repair or replace the cabinet. Provide documentation of the repairs in the form of photos, receipts or work orders. 2. Observations revealed that the light cover for the overhead kitchen light was damaged. Have a qualified technician replace the damaged cover. Provide documentation of the repairs in the form of photos, receipts or work orders. 3. Observations revealed that the veneer was coming off of the kitchen cabinets in several places. The base cabinet to the right of the refrigerator had three 2" wide strips of the veneer pulled off. Have a qualified technician refinish or replace the kitchen cabinets. Provide documentation of the repairs in the form of photos, receipts or work orders. 4. Observations revealed a hole in the ceiling at the exhaust fan in the bathroom across from dining. The fan appears to have shifted in the opening. Have a qualified technician adjust the fan box or patch the ceiling if required. Provide documentation of the repairs in the form of photos, receipts or work orders. 5. Observations revealed that the door knob on	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL026031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
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 174	Continued From page 3 the right hand closet door of the bedroom across from dining had broken off. Have a qualified technician replace the door knob. Provide documentation of the repairs in the form of photos, receipts or work orders.	C 174		
C 101	Construction-Meet Building Code at Initial T10: 42C .2102 CONSTRUCTION (a) The home must meet applicable requirements of Volume I and I-B of the North Carolina State Building Code in force at the time of initial licensure. This Rule is not met as evidenced by: 1. Observations revealed that access to the electric panel was blocked by stacks of toilet chairs. Code requires a minimum 3' - 0" clearance in front of electrical panels. Move the seats to another location to maintain the required clearances. Provide documentation of the repairs in the form of photos.	C 101		
C 143	Floors T10: 42C .2211 FLOORS (a) All floors must be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs are not to be used. (c) All floors must be kept in good repair. This Rule is not met as evidenced by: 1. Observations revealed that the kitchen vinyl floor was torn in several places in front of the refrigerator. Have a qualified technician repair or replace the floor. Provide documentation of the	C 143		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL026031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
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 143	Continued From page 4 repairs in the form of photos, receipts or work orders. 2. Observations revealed that the tile on the laundry room floor was loose and broken in several places. Have a qualified technician repair the laundry room floor. Provide documentation of the repairs in the form of photos, receipts or work orders.	C 143		
C 158	Fire Safety-Evacuation Plan T10: 42C .2213 FIRE SAFETY EQUIPMENT (d) A written fire and disaster plan (including a diagrammed drawing) which has the approval of the local fire department must be prepared in large print and posted in a central location on each floor. This plan must be reviewed with each resident on admission and must be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1. Observations revealed that the evacuation plans do not accurately depict the actual floor plan of the facility. Revise the floor plan to show the layout, post the plan in central locations for the Residents and send a copy of the revised plan to DHSR/Construction Section with your signed Plan of Corrections.	C 158		
C 159	Fire Safety-Fire Rehearsals T10: 42C .2213 FIRE SAFETY EQUIPMENT (e) There must be at least four rehearsals of the fire and disaster plan each year. Records of rehearsals are to be maintained and copies furnished to the county department of social	C 159		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL026031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
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 159	Continued From page 5 services annually. The records must include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1. Review of records revealed that copies of the evacuation drills were not available at the facility for review. Interview with Staff revealed that the drills were conducted quarterly. Send a copy of the last 12 months' fire and disaster evacuation drills to DHSR/Construction Section with your signed Plan of Corrections.	C 159		