

10-20-2016

Forest Hill Family Care
3510 Camden Rd
Fayetteville, NC 28306

FAX

To: Suzanna Fay	From: Glenn Tew
Re: (919) 733-6592	Re: (910) 778-8643
Re: (919) 855-3893	Re: 9
Re: Plan of Correction	Re: 00

☒ Email ☐ By Mail ☐ Voice Mail ☐ Fax Reply ☐ Fax Reply

Comments:

I will send original copy in the
mail today.

Thanks,
Glenn Tew



**North Carolina Department of Health and Human Services
Division of Health Service Regulation**

Pat McCrory
Governor

Richard O. Brajer
Secretary

Mark Payne, Director
Health Service Regulation

October 5, 2016

Glenn Tew
3510 Camden Road
Fayetteville, NC 28306

RE: Forest Hill Group Home - FC Biennial Survey
3510 Camden Road
Fayetteville Cumberland County
FID #960498 Fcl026031

Dear Mr. Tew:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on September 29, 2016. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

Construction Section

www.ncdhhs.gov • www.ncdhhs.gov/dhsr

Tel 919-855-3893 • Fax 919-733-6592

Location: Williams Building, 1800 Umstead Drive • Raleigh, NC 27603

Mailing Address: 2705 Mail Service Center • Raleigh, NC 27699-2705

An Equal Opportunity / Affirmative Action Employer

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
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FOREST HILL GROUP HOME

**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)	(X6) 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

STATE FORM

6800

R5W72

If continuation sheet 1 of 6

[Signature]

Owner/Administrator

10-20-2016

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		
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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	<i>A copy of the most recent sanitation report was faxed to you on October 11, 2016. The most recent fire inspection report I faxed was performed by Fire Protection in Fayetteville. On October 14th, I requested a Fire Inspection through the Cumberland County Fire Marshal's Office. They will contact me and let me know when they are coming. I will send a copy of the inspection when I receive it. These reports are kept in a notebook in the office and are readily available for review. I happened to have the notebook at my home when you came. The notebook will be kept in the med room from this day forward.</i>	
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		

I will have the walls repaired and will either put back wallpaper or paint the room. I will send photos upon completion. 12-3-20
Hamster

Division of Health Service Regulation

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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: - 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. - 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. - 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. - 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. - Observations revealed that the door knob on	C 174	<i>I will try to repair the existing cabinet or will put in a new one if the old one is not repairable. I will send photos upon completion.</i> <i>I will replace the old light fixture with a new one. I will send photos upon completion.</i> <i>I will have the Kitchen cabinets refinished. I will send photos upon completed.</i> <i>I will have the ceiling patched. I will send photos upon completion.</i>	12-3-2016 Klemmer 12-3-2016 Klemmer 12-3-2016 Klemmer 12-3-2016 Klemmer	

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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	<i>I will have the door knob replaced with a new one. I will provide photos upon completion.</i>	<i>12-3-2016 Alam Dar</i>
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	<i>I have moved the toilet chairs from the closet, blocking the panel box. I have instructed the staff not to put anything in the closet in the future. I will provide photos.</i>	<i>12-3-2016 Alam Dar</i>
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	<i>I will have new vinyl flooring put down in the kitchen. I will provide photos upon completion.</i>	<i>12-3-2016 Alam Dar</i>

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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	<i>I will contact a floor person and have them replace the broken tiles. I will provide photos upon completion. 12-3-2016</i> <i>Allen Law</i>	
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	<i>I will have the current diagrammed drawing of our plan enlarged, so it can be more easily read. Our evacuation plan does accurately depict the actual floor plan of the facility. This plan has been approved for 19 years with no concerns or questions during that time. I will provide photos of the enlarged drawing. 12-3-2016</i> <i>Allen Law</i>	
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

STATE FORM

6899

R5W721

If continuation sheet 5 of 6

Division of Health Service Regulation

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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	<i>I faxed copies of 12 months of fire and disaster evacuation drills to you on October 11, 2016. This should satisfy this issue. These drills will be kept in the notebook with fire and health inspections.</i>		10-11-2016 Alan Bar