STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL026031	A. BUILDING: **01** B. WING _____	R **02/21/2017**

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)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report by Suzanna Fay DHSR Construction Section conducted a Biennial Follow-up Survey on February 21, 2017 from 4:10 PM to 4:35 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected and one new deficiency was observed. Therefore, further action is required. The remaining and new deficiencies are as follows:	{C 000}		
{C 117}	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND 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. 02/21/2017: SF-A current Sanitation Inspection was received on October 11, 2016. A copy of the current Fire Inspection Report was not included. Review of records did not reveal a copy of the Fire Inspection report at the facility. Provide a copy of the most recent Fire Inspection Report to DHSR/Construction Section with your signed Plan of Corrections and maintain copies at the facility.	{C 117}		

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{C 174}	Continued From page 1	{C 174}		
{C 174}	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 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: 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. 02/21/2017: SF-Observations revealed that the kitchen cabinets had not been repaired or replaced. Have a qualified technician repair or replace the cabinets. 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:	{C 101}		

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{C 101}	Continued From page 2 New Deficiency: 02/21/2017: SF-At the time of this survey, it was observed that one of the Residents did not appear to be able to move around or walk without assistance. Interview with Staff revealed that the Resident in question required assistance in getting around the facility and could not evacuate without help. This would classify the Resident as non-ambulatory and this facility is not licensed for non-ambulatory Residents. Therefore, one of the following should occur: 1.) Relocate the Resident to another facility that can accommodate a non-ambulatory Residents. 2.) Decrease the capacity of the facility to three Residents which would allow for non-ambulatory Residents. 3.) Modify the facility to meet the 2012 NCSBC for housing non-ambulatory Residents. The facility must meet either Section 425.3, Small Residential Care Facilities allowing up to three Non-ambulatory Residents or Section 425.4, Small Non-ambulatory Care Facilities allowing up to six non-ambulatory Residents. 4.) Request an FSES for the non-ambulatory Resident. An FSES was conducted on November 15, 2012. FSES surveys are specific to the Resident and cannot be transferred to other Residents. These inspections should be conducted annually to determine any changes in the status of the Residents. The 2012 FSES, therefore, would no longer be valid.	{C 101}		