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 **10/17/2017**

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 Glenn Hoppin DHSR Construction Section conducted a Biennial Follow-up Survey on October 17, 2017 from 9:30 AM to 10:30 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}		
{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: 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	{C 101}		

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{C 101}	Continued From page 1 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.) Contact the local building official and find out if he would approve a fire safety equivilancy issued by the DHSR Construction Section. If he would be willing to accept an FSES 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. An FSES is only valid if the local building official approves the FSES. 10/17/2017GH At the time of the survey the resident in question was determined to be non-ambulatory. If an FSES is going to be requested follow the steps in item four and then request an FSES in writing from the DHSR Construction Section. Include the name and number of the local building official in your request.	{C 101}		