DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

January 22, 2018

Glenn Tew-(via e-mail only)
3510 Camden Road
Fayetteville, NC 28306

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

Dear Mr. Tew:

On **October 17, 2017**, a Biennial Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted February 6, 2018

Your PoC for the deficiencies must contain the following:

- What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- *How you will identify other life safety issues having the potential to affect residents 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. Any completion date greater than 15 days from date of survey requires a written waiver from DHSR-Construction Section.

    - Corrective action must begin immediately

Your **Signed Plan of Correction** can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Glenn Hoppin

Glenn Hoppin
Architectural/Engineering Technician
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Cumberland County DSS - with attachment-(via e-mail only)

PRINTED: 01/22/2018
FORM APPROVED

Division of Health Service Regulation

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}	The resident in question, Ms Elaine Raper, passed away on November 25 2017. She had been a resident in our home for over 5 years. Up until the last 2 months of her life, she had been able to walk and get around just like the other residents. The last 2 months she was bedridden and required a great deal of attention. Ms Raper could have been moved to a higher level of care but her family was very happy with the care that she had received over the years and did not want her transfered to another facility.	
{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}	In that case, we called in hospice and they helped us with her care until she died. We have found through experience over the years that if you transfer a resident out at that point in their life, they will usually not live very long. Over the last 20 years when trying to fill empty beds we only talk to people that can walk and get around on their own. We have never gone out and tried to fill an empty bed with a non ambulatory person. We know we are an ambulatory facility and never forget that when trying to place a new resident. Hopefully, this will not happen again. Helen Lee 1-24-2018	