

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 09/04/2019
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 David Hickman DHSR Construction Section conducted a Biennial Survey on September 4, 2019 from 10:20 AM to 12:30 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. 1. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview. 2. Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
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.	C 174		

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 09/04/2019
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 1 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire drill logs were not up to date. This is not compliant with the rule. Take the necessary steps to keep the log up to date and have available for review. 2. At the time of the survey it was observed that a current sanitation report was not available for review. This is not compliant with the rule. Take the necessary steps to provide a current sanitation report. 3. At the time of the survey it was observed that the staff bathroom door did not latch properly. This is not compliant with the rule. Take the necessary steps to repair the latch. 4. At the time of the survey it was observed that the receptacle under the shelf in the staff bathroom was missing its cover plate. This is not compliant with the rule. Take the necessary steps to replace the cover plate. 5. At the time of the survey it was observed that there were loose throw rugs present throughout the facility. This is not compliant with the rule. Take the necessary steps to remove these rugs from the facility. 6. At the time of the survey it was observed that the receptacle next to the stove in the kitchen was loose in the wall. This is not compliant with the rule. Take the necessary steps to secure the receptacle. 7. At the time of the survey it was observed that the range hood filter was dirty and the light was not working. This is not compliant with the rule.	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 09/04/2019
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 Take the necessary steps to replace the filter and correct the light issue. 8. At the time of the survey it was observed that the wallpaper behind the sink was torn and peeling. This is not compliant with the rule. Take the necessary steps to repair / replace the wallpaper. 9. At the time of the survey it was observed that the front door lock would not unlock when the handle was turned. This is not compliant with the rule. Take the necessary steps to repair the locking mechanism to maintain a single motion function. 10. At the time of the survey it was observed that both of the ramp transitions in the hallway were not smooth and were causing a trip hazard. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 11. At the time of the survey it was observed that the exhaust fan for the bathroom off bedroom 1 was blowing air in instead of exhausting air out. This is not compliant with the rule. Take the necessary steps to repair / replace the exhaust fan. 12. At the time of the survey it was observed that there were no grab bars for two of the toilets. This is not compliant with the rule. Take the necessary steps to install grab bars on toilets. 13. At the time of the survey it was observed that the air return cover was clogged and dirty. This is not compliant with the rule. Take the necessary steps to clean the cover. 14. At the time of the survey it was observed that	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 09/04/2019
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 there was a build up of lint behind the dryer. This is not compliant with the rule. Take the necessary steps to clean out behind the dryer. 15. At the time of the survey it was observed that there was a fault showing on the fire alarm panel and it would not reset to show that it was functioning properly. This is not compliant with the rule. Take the necessary steps to have the fire alarm serviced by a certified technician. 16. At the time of the survey it was observed that there was a loose tile in the foyer floor. This is not compliant with the rule. Take the necessary steps to repair / replace the loose tile. 17. At the time of the survey it was observed that there was a possible leak in the ceiling of the foyer. This is not compliant with the rule. Take the necessary steps to repair the leak and clean the ceiling. 18. At the time of the survey it was observed that the door to bedroom 3 would not latch properly. This is not compliant with the rule. Take the necessary steps to repair the latch. 19. At the time of the survey it was observed that the toilet in the right side bathroom was loose at its base. This is not compliant with the rule. Take the necessary steps to secure the toilet. 20. At the time of the survey it was observed that the heat detectors were unable to be verified. This is not compliant with the rule. Take the necessary steps to ensure that heat detectors are installed in each section of the attic and are wired on a dedicated circuit as well as their own sounding device. Provide verification of this item.	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 09/04/2019
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 4 21. At the time of the survey it was observed that the piping of the hot water heater relief valve was unable to be verified. This is not compliant with the rule. Take the necessary steps to provide the proper verification of this item.	C 174		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there were some damaged window screens around the home. This is not compliant with the rule. Take the necessary steps to repair / replace the damaged screens. 2. At the time of the survey it was observed that the roof over the foyer area was sagging. This is not compliant with the rule. Take the necessary steps to have a qualified person inspect this area and provide verification of compliance. 3. At the time of the survey it was observed that the handrails at the office door were loose. This is not compliant with the rule. Take the necessary steps to secure the handrails. 4. At the time of the survey it was observed that the door to the well house was deteriorated and partially missing. This is not compliant with the rule. Take the necessary steps to replace the door. 5. At the time of the survey it was observed that	C 183		

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 09/04/2019
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 183	Continued From page 5 the dryer exhaust vent was clogged and hanging out of the wall. This is not compliant with the rule. Take the necessary steps to clean the vent and secure it to the wall. 6. At the time of the survey it was observed that the latch on the front gate was not working and was hanging off the gate. This is not compliant with the rule. Take the necessary steps to repair / replace the gate latch. 7. At the time of the survey it was observed that there were loose tiles at the front walk. This is not compliant with the rule. Take the necessary steps to secure all loose tiles. 8. At the time of the survey it was observed that there were loose and deteriorated boards on the front ramp. This is not compliant with the rule. Take the necessary steps to secure all loose boards and replace deteriorated ones as needed. 9. At the time of the survey it was observed that the door knob on the front storm door was broken off. This is not compliant with the rule. Take the necessary steps to replace the door knob and maintain a single motion unlocking function. 10. At the time of the survey it was observed that the flashing at the fascia board over the front foyer area was torn and pulling away from the fascia board. This is not compliant with the rule. Take the necessary steps to replace the flashing as needed. 11. At the time of the survey it was observed that there is a drop off from the sidewalk/ driveway area that is used as the meeting place for fire drills. This is not compliant with the rule. Take the necessary steps to build up the grade in this area	C 183		

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 09/04/2019
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 183	Continued From page 6 to make a level transition. 12. At the time of the survey it was observed that the siding and canopies around the house were dirty and mildewed. This is not compliant with the rule. Take the necessary steps to powerwash the house and canopies.	C 183		
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. At the time of the survey, a live fire drill was conducted by the DHSR construction surveyors to verify the ability of the residents to respond and evacuate the facility. There were two residents that were unable to respond and evacuate without prompting or assistance from the staff. One resident also had trouble getting into a wheelchair to evacuate. This is not compliant with the ambulatory status rule. This facility is licensed for six residents, all of which are required to be ambulatory. Take the necessary steps to bring this facility into compliance with the rule. * A fire watch is required at this facility until compliance with this rule is achieved. Logs for the fire watch are required to be kept and provided for review.	C 101		