Fax Cover

Date: 9-26-2019

Forest Hill Family Care

3510 Camden Rd.

Fayetteville, N. C. 28306

Phone # 910-425-8751

To: David Hickman

Fax # (919) 733-6592

Phone #

From : Glenn Tew

Phone # 910-778-8643

Pages : 7

Ref: Plan of Correction for Forest Hill Group Home

Comments:

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

September 5, 2019
Glenn Tew (via e-mail only)
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 4, 2019. 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.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by September 20, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your 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

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by September 20, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by September 20, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: https://info.ncdhhs.gov/dhsr/.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

David Hickman

David Hickman
Architectural/ Engineering Technician
DHSR - Construction Section

cc: Mental Health Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)

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	09/04/2019

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 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, reciepts, 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Owner

TITLE

(X6) DATE: 9-25-2019

Judy Tew, Administrator
Forest Hill Group Home
3510 Camden Road
Fayetteville, NC 28306
910-584-4827

September 24, 2019

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION
CONSTRUCTION SECTION

PLAN OF CORRECTION

RE: Forest Hill Group Home – FC Biennial Survey
3510 Camden Road
Fayetteville, NC Cumberland County
FID #960498 Fe1026031

This Plan of Correction is being prepared in a letter type form because the required form is not enough to contain all the entrance materials. Additionally, because each ID PREFIX TAG consist of several deficiencies the process will be responding to each deficiency. Forest Hill Group Home will comply and provide verification of the completed deficiencies in form of photos, receipts and invoices.

C 174 Building Equipment Maintained Safe, Operating

MEASURES OF CORRECTIVE ACTIONS

Forest Hill Group has completed the following deficiencies:

1. COMPLETED ==SEPTEMBER 9, 2019
2. COMPLETED==SEPTEMBER 27, 2019
3. COMPLETED==SEPTEMBRR 18, 2019
4. COMPLETED ==SEPTEMBER 18,2019
5. COMPLETED ==SEPTEMBER 9, 2019
6. COMPLETED==SEPTEMBER 9, 2019

7. COMPLETED ==SEPTEMBER 9, 2019
8. COMPLETED==SEPTEMBER, 27,2019
9. COMPLETED ==SEPTEMBER 11, 2019
10. COMPLETED==SEPTEMBER 27, 2019
11. COMPLETED ==SEPTEMBER 21, 2019
12. COMPLETED ==SEPTEMBER 12, 2019
13. COMPLETED== SEPTEMBER 9, 2019
14. COMPLETED==SEPTEMBER 9, 2019
15. COMPLETED==SEPTEMBER 10, 2019
16. COMPLETED==SEPTEMBER 11, 2019
17. COMPLETED==SEPTEMBER 13, 2019
18. COMPLETED ==SEPTEMBER 11, 2019
19. COMPLETED ==SEPTEMBER 20, 2019
20. COMPLETED ==SEPTEMBER 20, 2019
21. COMPLETED==SEPTEMBER 20, 2019

C 183 Outside Premise-Clean, Safe

MEASURES TO CORRECT

1. COMPLETED==SEPTEMBER 25, 2019
2. COMPLETED ==SEPEMBER 27, 2029
3. COMPLETED-==SEPTEMBER 12, 2019
4. COMPLETED ==SEPTEMBER 26, 2019
5. COMPLETED ==SEPTEMBER 20, 2019
6. COMPLETD ==SEPTEMBER 9, 2019
7. COMPLETED= SEPTEMBER 25, 2019
8. COMPLETED==SEPTEMBER 12, 2019
9. COMPLETED==SEPTEMBER 18, 2029
10. COMPLETED==SEPTEMBER ,25 2019
11. COMPLETED==SEPTEMBER 5, 2019
12. COMPLETED ==SEPTEMBER 21, 2019

C 101 Construction =Meet Building Code Initial

01. COMPLETED SEPTEMBER 27, 2019

IDENTIFICATION OF OTHER AREAS

Forest Hill Group Home realize that these mention deficiencies were created over a period, however, Forest Hill Group Home is committed to the avoidance of any new deficiencies. Therefore, Forest Hill Group Home shall follow the applicable rules that govern the operation of a Family Care Homes. The compliance of these rules will by the responsibility of the Executive Officer and the overseeing from the Co-Administrator of Forest Hill Group Home with the assistance from an independent consultant, if needed. The Executive Officer shall also appoint another staff member in case the Co-Administrator is not available.

MEASURE OF DEFICIENT PRACTICES

Forest Hill Group Home will ensure that the facility will prevent the recurrence of these deficiencies by the development of a check list document containing the review of the facility internal and external areas for any recognizable deficiencies. The check list document actively be used on a regular basis.

TRAINING

Forest Hill Group Home will conduct in-service training to staff to ensure that staff are aware of any deficiencies that may occur within the group home and the reporting to the proper individuals.

CORRECTIVE ACTIONS

Forest Hill Group Home has already initiative the corrective actions by the completion of the listed deficiencies on the dates listed:

1. **C 174 Building Equipment Maintained Safe, Operating**
2. **C 183 Outside Premise-Clean, Safe**
3. **C 101 Construction =Meet Building Code Initial**

The remaining compliance activities will be completed by the 30th of September 2019.