

PRINTED: 09/30/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL026071	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER FOREST HILL FAMILY CARE		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 The Adult Care Licensure Section conducted an annual survey on 09/12/24.	C 000			
C 231	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801 Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure an annual assessment and care plan was completed for 3 of 3 residents (#1, #2, and #3). The findings are:	C 231	Resident assessments shall be completed within 30 days of admission and updated on an annual basis. RCC shall ensure assessment is completed within 30 days of admission and document when annuals are due as a reminder. Administrator shall review new admissions and conduct chart audits quarterly.	11-5-24 11-5-24	

Division of Health Service Regulation

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

DATE FORM

Geborn Robinson

TITLE

Administrator

(X6) DATE

11-13-24

FFDS11

If continuation sheet 1 of 8

Reviewed and acknowledged
J. Hoyle 11/20/24

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C 231	Continued From page 1 1. Review of Resident #1's record on 09/12/24 revealed: -There was no documentation of an updated or completed FL-2. -There was no documentation of an annual assessment and care plan. -There was no documentation of a current annual assessment and care plan. Review of Resident #1's Resident Register revealed she was admitted to the facility from a residence on 04/21/23. Refer to telephone interview with the Resident Care Coordinator on 09/12/24 at 11:46am. Refer to telephone interview with the Administrator on 09/12/24 at 11:23am. 2. Review of Resident #2's current FL-2 dated 07/08/22 revealed diagnoses included type 2 diabetes, congestive heart failure, coronary artery disease and hyperlipidemia. Review of Resident #2's Resident Register revealed she was admitted to the facility from a residence on 04/01/20. Review of Resident #2's record on 09/12/24 revealed: -The last annual assessment and care plan was completed on 09/28/22. -There was no documentation of a current annual assessment and care plan. Refer to telephone interview with the Resident Care Coordinator on 09/12/24 at 11:46am. Refer to telephone interview with the Administrator on 09/12/24 at 11:23am.	C 231			

Division of Health Service Regulation
STATE FORM

0909

FFDS11

If continuation sheet 2 of 5

Division of Health Service Regulation

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C 231	Continued From page 2 3. Review of Resident #3's current FL-2 dated 12/21/21 revealed diagnoses included hypertension, depression, insomnia and constipation. Review of Resident #3's Resident Register revealed she was admitted to the facility from another facility on 02/16/18. Review of Resident #3's record on 01/23/24 revealed: -The last annual assessment and care plan was completed on 12/21/21. -There was no documentation of a current annual assessment and care plan. Refer to telephone interview with the Resident Care Coordinator on 09/12/24 at 11:46am. Refer to telephone interview with the Administrator on 09/12/24 at 11:23am. Telephone interview with the Resident Care Coordinator on 09/12/24 at 11:46am revealed: -She was responsible for ensuring the annual assessment and care plans were completed. -She was aware the annual assessments and care plans were not up to date, "If I forget, I forget." Telephone interview with the Administrator on 09/12/24 at 11:23am revealed: -He was not aware of the missing annual assessments and care plans. -The RCC was responsible for ensuring the annual assessments and care plans were up to date for the residents.	C 231			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL026871	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/12/2024
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C 288	Continued From page 3	C 288	Activities shall be provided to residents and a calendar of activities shall be posted in common area for residents to review. Administrator shall provide the activities for the calendar and communicate with residents about their interest and follow up with residents about participation and the provision of activities	11-28-24	
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure all three residents were offered activities designed to promote active involvement with each other and the community. The findings are: Review of the facility census on 09/12/24 revealed there were three residents residing at the facility. Observation of the bulletin board near the dining room on 09/12/24 revealed: -There was an activity calendar dated September. -The activities listed for 09/12/24 included current events from 10:00am-11:00am and sing-along from 6:00pm-7:00pm. Observation of the facility on 09/12/24 between 8:00am-3:00pm revealed no activities were observed. Interview with a resident on 09/12/24 at 11:40am revealed: -The facility did not provide activities. -There was nothing to do but watch TV. -She liked to garden and cook. Interview with a second resident on 09/12/24 at 8:27am revealed:	C 288			

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C 288	Continued From page 4 -The facility had puzzles and cards for activities but they did not have all the pieces. -She enjoyed when they had church, but they did not come any more so she now had to watch church on television (TV). -She had asked the Resident Care Coordinator (RCC) why they stopped having church and she said they just stopped coming. Interview with a third resident on 09/12/24 at 11:30am revealed: -The facility did not provide activities. -There was nothing to do but watch TV. -She liked to take care of the cats outside. Interview with the Supervisor in Charge (SIC) on 09/12/24 at 2:00pm revealed: -She was responsible for developing the activities calendar. -She had not asked the residents what they wanted to do for activities. -The residents came out of their rooms if they wanted to do an activity. -The activity was what they wanted to do. -She did not go and try to get them to participate in activities. -Residents were private and she did not bother them. Interview with the RCC on 09/12/24 at 2:30pm revealed: -She was responsible to make sure the activity calendar was completed. -The residents did not want to do anything but watch TV. -Staff could not make them participate in activities. Attempted telephone interview with the Administrator on 09/12/24 at 1:42pm was	C 288			

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C 288	Continued From page 5 unsuccessful.	C 288			
C 341	10A NCAC 13G .1004 (I) Medication Administration 10A NCAC 13G .1004 Medication Administration (I) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medication staff who administered medications actually observed 3 of 3 residents (#1, #2, and #3) taking their medications during the morning medication pass on 09/12/24. The findings are: Observation of the dining room table on 09/12/24 at 8:00am revealed: -There were three residents' sitting at the dining room table eating their breakfast. -Each resident had a plastic container with a lid labeled with their name and am with medications in the container. -The Supervisor in Charge (SIC) was not in the dining room with the residents and was not within site of the residents when they swallowed their	C 341	Staff shall be given training on medication administration to ensure proper documentation and administration of each resident during med pass is completed and observed. Nurse or pharmacy representative shall conduct the training. Administrator shall attend also to ensure staff has completed training and knows what procedures are required for medication administration	11-22-24	

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C 341	Continued From page 6 medications. 1. Review of Resident #1's record revealed there was no FL-2 for review. Interview with Resident #1 on 09/12/24 revealed: -She received her medications in a cup with a lid. -She was not sure if her name was on the cup. -Staff was not usually in the room when she took her medications. Refer to interview with the Supervisor in Charge (SIC) on 09/12/24 at 10:34am. Refer to attempted interview with the Administrator on 09/12/24 at 1:42pm. 2. Review of Resident #2's current FL-2 dated 09/08/22 revealed diagnoses included diabetes, congestive heart failure, hyperlipidemia, and coronary artery disease. Interview with Resident #2 on 09/12/24 at 8:27am revealed: -She received her medications in a cup with a lid labeled with her name and either am or pm. -Staff was not always in the room to watch her swallow her medications. Refer to interview with the Supervisor in Charge (SIC) on 09/12/24 at 10:34am. Refer to attempted interview with the Administrator on 09/12/24 at 1:42pm. 3. Review of Resident #3's current FL-2 dated 12/21/21 revealed diagnoses included hypertension, depression, insomnia, and constipation.	C 341			

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AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

FCL026071

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(X3) DATE SURVEY
COMPLETED

09/12/2024

NAME OF PROVIDER OR SUPPLIER

FOREST HILL FAMILY CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

3510 CAMDEN ROAD

FAYETTEVILLE, NC 28306

(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETE
DATE

C 341

Continued From page 7

Interview with Resident #3 on 09/12/24 at
11:35am revealed:

- Her medications were administered in a
container with a lid that had her name on it.
- Staff did not watch her when she swallowed her
medications.

Refer to interview with the Supervisor In Charge
(SIC) on 09/12/24 at 10:34am.Refer to attempted interview with the
Administrator on 09/12/24 at 1:42pm.Interview with the Supervisor in Charge (SIC) on
09/12/24 at 10:34am revealed:

- She prepared the resident's medication one at a
time and administered them.
- She watched them swallow the medications
before she walked away.
- She did not prepare all the resident's
medications before administering.
- She placed the resident's medications in a cup
with a lid labeled with their name and either am or
pm.
- This morning the resident's swallowed their
medications without her in the room.
- This morning, she prepared all the resident's
medications at one time.
- She placed the cups of medications on the
resident's food tray.
- She did not know why she prepared the
medications all at once and left them on their
food tray.
- She was trained to observe each resident
swallow their medications.

Attempted interview with the Administrator on
09/12/24 at 1:42pm was unsuccessful.

C 341