STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL026031	A. BUILDING: _____ B. WING _____	R 08/13/2019

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 The Adult Care Licensure Section conducted a follow-up survey on 08/06/19 and 08/13/19.	{C 000}		
{C 007}	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Facility Services, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations. (e) The licensee or the licensee's designee shall notify the Division of Facility Services if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Facility Services for review of any possible changes that may be required to the	{C 007}		

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{C 007}	Continued From page 1 building. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to notify the Division of Health Service Regulation (DHSR) that residents' evacuation capabilities were different from the evacuation capability listed on the facility's license for 2 of 6 residents (Resident #1, #2) residing at the facility who had physical impairments which would prevent the residents from independently evacuating the facility. The findings are: Review of the facility's current license effective 01/01/19 through 12/31/19 revealed the facility was licensed for a capacity of six ambulatory residents. Surveyor requested staff perform a fire drill on 08/06/19 at 1:49 p.m and a fire drill was not performed. Observation of the five residents who resided at the facility on 08/13/19 at 5:10pm revealed: -A fire drill was conducted by a Co-Administrator and the Supervisor-in-Charge (SIC). -Three residents ambulated outside with the use of their walkers and one resident pushed herself outside in her wheelchair, all with no assistance from staff. -Resident #2 required staff to push her outside in her wheelchair. -Resident #1 had been discharged from the facility on 08/06/19.	{C 007}		

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{C 007}	Continued From page 2 1. Review of Resident #1's current FL-2 dated 11/06/18 revealed: -Diagnoses included Alzheimer's dementia and hypertension. -Resident #1's recommended level of care was Special Care Unit (SCU). -Resident #1 was documented as non-ambulatory and constantly disoriented. Review of Resident #1's Resident Register dated 12/12/18 revealed: -Resident #1 was admitted to facility on 12/14/18. -Resident #1 had significant loss of memory and had to be directed. -Resident #1 required a wheelchair and assistance with ambulation. Review of Resident #1's records revealed there was no care plan. Interview with Resident #1's family member on 08/06/19 at 12:41 p.m. revealed: -Resident #1 was able to sit up in a wheelchair only with assistance from staff when she was admitted to the facility in December 2018. -Resident #1's feet were contracted, left leg was slightly contracted, and her legs were weak. -Resident #1 was currently bedbound and did not move around much anymore even in bed. -Resident #1 could still help to feed herself slowly up to a week ago, but now she needed much more feeding assistance from the facility staff. Interview with the two Co-Administrators on 08/06/19 at 10:45 a.m. revealed: -The Co-Administrators were responsible for assessing and admitting residents to the facility. -They were aware that they are licensed for only ambulatory residents.	{C 007}		

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{C 007}	Continued From page 3 -Resident #1 was semi-ambulatory when she was admitted to the facility in December 2018 but became non-ambulatory since the beginning of March 2019. -They had not notified the state of changes in Resident #1's ambulatory status. -Resident #1 would need assistance from staff to get out of the facility if there were a fire. -The facility usually had only one staff on duty for each shift but had assigned additional staff member to provide one on one care for Resident #1. Interview with Resident #1's family member on 08/06/19 at 2:49 p.m. revealed she had received a call from a social worker who informed her that Resident #1 was sent to the hospital on 08/06/19 for failure to thrive per a Co-Administrator. Interview with a Co-Administrator on 08/13/19 at 11:55am revealed Resident #1 was discharged from the facility on 08/06/19 after the surveyor left the facility. 2.Review of Resident #2's current FL2 dated 07/18/19 revealed: -Diagnoses included Alzheimer's, hypertension, depression, and diabetes. -Resident #2's recommended level of care was domiciliary. -Resident #2 was non-ambulatory and constantly disoriented. Review of Resident #2's Resident Register dated 07/18/18 revealed: -Resident #2 was admitted to the facility on 07/18/18. -Resident #2 was forgetful and needed reminders. -Resident #2 did not require any assistance with	{C 007}		

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{C 007}	Continued From page 4 ambulation. Review of Resident #2's Care Plan dated 05/28/19 revealed: -Resident #2 required extensive assistance with eating. -Resident #2 was totally dependent for ambulation, transfer, toileting, bathing, dressing, and grooming -Resident #2 required staff to push her in a wheelchair. Observation on 08/13/19 at 11:45am revealed Resident #2 was alone in the dining room sitting in a wheelchair with her eyes closed. Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable. Interview with a medication aide (MA) on 08/13/19 at 9:55am revealed: -Resident #2 did not walk and required staff to transfer her and push her in a wheelchair. -Resident #2 was confused most of the time. -Resident #2 would require assistance getting out of the house if there were a fire. Interview with a Co-Administrator on 08/13/19 at 11:55am revealed: -He and the other Co-Administrator were responsible for admitting residents and checking their ambulatory status prior to admission. -Resident #2 was ambulatory when she was admitted to the facility July 2018. -Resident #2 had been non-ambulatory since June 2019. -Resident #2 could not get out of the facility without physical assistance if there were a fire.	{C 007}		

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{C 007}	Continued From page 5 Observation of Resident #2 on 08/13/19 at 12:25pm revealed: -Resident #2 was being pushed in her wheelchair by a staff member. -Resident #2 stared at the staff member and did not respond when asked what her first name was. Interview with the housekeeping staff on 08/13/19 at 1:20pm revealed: -The facility had a fire drill on 08/09/19. -Resident #2 had to be pushed out of the facility in her wheelchair by the Supervisor-in-Charge (SIC). Interview with the SIC on 08/13/19 at 1:30pm revealed: -Resident #2 had been non-ambulatory for the last few months. -Resident #2 would not be able to get out of the facility on her own if there were a fire. -Resident #2 required total assistance for ambulation. -The facility had two fire drills last week and Resident #2 had to be pushed outside in her wheelchair. Interview with a Co-Administrator on 08/13/19 at 1:45pm revealed: -He had not notified the state regulatory agency regarding Resident #2's ambulatory status change. -He and the other Co-Administrator did not intend to apply for a non-ambulatory license for the facility. Telephone interview with Resident #2's family member on 08/13/19 at 3:35pm revealed: -She had last visited Resident #2 in July 2019. -Resident #2 was talkative and walked without assistance when she was admitted in July 2018.	{C 007}		

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{C 007}	Continued From page 6 -Resident #2 walked some with assistance when she visited her a month ago.	{C 007}		
C 022	10A NCAC 13G .0302 (b) Design And Construction 10A NCAC 13G .0302 Design And Construction (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation has not been abated. Based on observations, interviews and record reviews, the facility failed to assure the building met the North Carolina Building Code requirements for non-ambulatory residents as evidenced by 2 of 3 residents (Resident #1 and #2) who were physically impaired, residing in the facility unable to evacuate the facility independently without verbal or physical assistance. The findings are: Review of the facility's current license effective 01/01/19 through 12/31/19 revealed the facility was licensed for a capacity of six ambulatory residents.	C 022		

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C 022	Continued From page 7 Surveyor requested staff perform a fire drill on 08/06/19 at 1:49 p.m and a fire drill was not performed. Observation of the five residents who resided at the facility on 08/13/19 at 5:10pm revealed: -A fire drill was conducted by a Co-Administrator and the Supervisor-in-Charge (SIC). -Three residents ambulated outside with the use of their walkers and one resident pushed herself outside in her wheelchair, all with no assistance from staff. -Resident #2 required staff to push her outside in her wheelchair. -Resident #1 had been discharged from the facility on 08/06/19. 1. Review of Resident #1's current FL-2 dated 11/06/18 revealed: -Diagnoses included Alzheimer's dementia and hypertension. -Resident #1's recommended level of care was Special Care Unit (SCU). -Resident #1 was documented as non-ambulatory and constantly disoriented. Review of Resident #1's Resident Register dated 12/12/18 revealed: -Resdent #1 was admitted to the facility on 12/14/18. -Resident #1 had significant loss of memory and had to be directed. -Resident #1 required a wheelchair and assistance with ambulation. Review of Resident #1's records revealed there was no care plan. Observations on 08/06/19 at 12:24 p.m. revealed: -Resident #1 was in her room alone in a hospital	C 022		

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C 022	Continued From page 8	C 022		

bed with full bedrails up.
-Resident #1 had her eyes closed and did not respond to surveyor's verbal communication on entering her room.
-Resident #1 did not respond to verbal and tactile stimulation by a medication aide (MA) to turn over to eat her lunch.

Interview with a medication aide (MA) on 08/06/19 at 12:26 p.m. revealed:
-Resident #1 did not go to the dining room to eat her meals because she would require assistance from staff to sit upright in the wheelchair.
-Resident #1 would require total assistance in getting out of the facility if there was an emergency.

Interview with another medication aide (MA) on 08/06/19 at 1:16 p.m. revealed:
-Resident #1 was non-ambulatory and stayed in bed.
-Resident #1 would not be able to get out of the facility without assistance from staff if there were a fire.

Interview with Resident #1's family member on 08/06/19 at 12:41 p.m. revealed:
-Resident #1 was able to sit up in a wheelchair only with assistance from staff when she was admitted to the facility in December 2018.
-Resident #1's left leg was slightly contracted, and her legs were weak.

Interview with the two Co-Administrators on 08/06/19 at 10:45 a.m. revealed:
-The Co-Administrators were responsible for assessing and admitting residents to the facility.
-They were aware that they are licensed for only ambulatory residents.
-Resident #1 was semi-ambulatory when she was

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C 022	Continued From page 9	C 022		

admitted to the facility in December 2018 but became non-ambulatory since the beginning of March 2019.
-Resident #1 would need assistance from staff to get out of the facility if there were a fire.
-The facility usually had only one staff on duty for each shift but had assigned additional staff member to provide one on one care for Resident #1.

Based on observations, interviews and record reviews it was determined Resident #1 was not interviewable.

Interview with Resident #1's family member on 08/06/19 at 2:49 p.m. revealed she had received a call from a social worker who informed her that Resident #1 was sent to the hospital on 08/06/19 for failure to strive per a Co-Administrator.

Interview with a Co-Administrator on 08/13/19 at 11:55am revealed Resident #1 was discharged from the facility on 08/06/19 after the surveyor left the facility.

2.Review of Resident #2's current FL2 dated 07/18/19 revealed:
-Diagnoses included Alzheimer's, hypertension, depression, and diabetes.
-Resident #2's recommended level of care was domiciliary.
-Resident #2 was non-ambulatory and constantly disoriented.

Review of Resident #2's Resident Register dated 07/18/18 revealed:
-Resident #2 was admitted to the facility on 07/18/18.
-Resident #2 was forgetful and needed reminders.

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C 022	Continued From page 10 -Resident #2 did not require any assistance with ambulation. Review of Resident #2's Care Plan dated 05/28/19 revealed: -Resident #2 required extensive assistance with eating. -Resident #2 was totally dependent for ambulation, transfer, toileting, bathing, dressing, and grooming -Resident #2 required staff to push her in a wheelchair. Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable. Interview with a medication aide (MA) on 08/18/19 at 9:55am revealed: -Resident #2 did not walk and required staff to transfer her and push her in a wheelchair. -Resident #2 was confused most of the time. -Resident #2 would require assistance getting out of the house if there were a fire. Interview with a Co-Administrator on 08/18/19 at 11:55am revealed: -He and the other Co-Administrator were responsible for admitting residents and checking their ambulatory status prior to admission. -Resident #2 was ambulatory when she was admitted to the facility July 2018. -Resident #2 had been non-ambulatory since June 2019. -If Resident #2's status had not improved by 09/04/19, at her next visit to her primary care provider, she would be discharged from the facility. -Resident #2 could not get out of the facility without physical assistance if there were a fire.	C 022		

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C 022	Continued From page 11 -The facility would assign an additional staff member to give Resident #2 one-on-one care immediately, because they did not have that previously in place. Observation of Resident #2 on 08/13/19 at 12:25pm revealed: -Resident #2 was being pushed in her wheelchair by a staff member. -Resident #2 stared at the staff member and did not respond when asked what her first name was. Interview with the housekeeping staff on 08/13/19 at 1:20pm revealed: -The facility had a fire drill on 08/09/19. -Resident #2 had to be pushed out in her wheelchair by the Supervisor-in-Charge (SIC). Interview with the SIC on 08/13/19 at 1:30pm revealed: -Resident #2 does not verbally communicate. -Resident #2 had been non-ambulatory for the last few months. -Resident #2 would not be able to get out of the facility on her own if there were a fire. -Resident #2 required total assistance for ambulation. -The facility had two fire drills last week and Resident #2 had to be pushed outside in her wheelchair. Interview with a Co-Administrator on 08/13/19 at 1:45pm revealed he and the other Co-Administrator did not intend to apply for a non-ambulatory license for the facility. Telephone interview with Resident #2's family member on 08/13/19 at 3:35pm revealed: -She had last visited Resident #2 in July 2019. -Resident #2 was talkative and walked without	C 022		

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C 022	Continued From page 12 assistance when she was admitted in July 2018. -Resident #2 walked some with assistance when she visited her a month ago. -She had not spoken with Resident #2's doctor but she was aware that Resident #2 had been slowly declining since she was admitted. -She doubted that Resident #2 would know what to do if there were a fire drill. The facility failed to be equipped and maintained in a manner to assure the safety of 2 of 3 sampled residents (#1, #2) who had physical impairments that could not evacuate independently in an emergency. The facility's failure was detrimental to the safety and welfare of the residents and constitutes an Unabated Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/13/19 for this violation.	C 022		
{C 207}	10A NCAC 13G .0702(c)(4) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (c) The results of the complete examination are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following: (4) If the information on the FL-2 or MR-2 is not clear or is insufficient, the administrator or supervisor-in-charge shall contact the physician for clarification in order to determine if the services of the facility can meet the individual's needs.	{C 207}		

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{C 207}	Continued From page 13 This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to obtain clarification of the recommended Level of Care (LOC) for 2 of 3 residents (#1, #3). The findings are: 1.Review of Resident #1's current FL-2 dated 11/06/18 revealed: -Diagnoses included Alzheimer's dementia and hypertension. -Resident #1's recommended level of care was Special Care Unit (SCU). Review of Resident #1's records revealed there was no care plan. Review of Resident #1's Resident Register dated 12/12/18 revealed: -Resident #1 was admitted to the facility on 12/14/18. -Resident #1 had significant loss of memory and had to be directed. -Resident #1 required a wheelchair and assistance with ambulation. Based on observations, interviews and record reviews it was determined Resident #1 was not interview able. Interview with Resident #1's family member on 08/06/19 at 2:49 p.m. revealed she had received a call from a social worker who informed her that Resident #1 was sent to the hospital on 08/06/19 for failure to thrive per a Co-Administrator. Interview with a Co-Administrator on 08/13/19 at 11:55am revealed:	{C 207}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL026031	A. BUILDING: _____ B. WING _____	R 08/13/2019

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{C 207}	Continued From page 14 -He was in charge of getting all FL2s completed and signed by the physician and ensure they were updated. -Resident #1 was discharged from the facility on 08/06/19 after the surveyor left the facility. 2.Review of Resident #3's current FL-2 dated 08/09/18 revealed: -Diagnoses included dementia, depression, seizure disorder, ataxia and hypertension. -Resident #3 did not have a recommended level of care (LOC). -Resident #3's previous LOC (prior to admission) was skilled nursing facility. Review of Resident #3's care plan dated 10/02/18 revealed: -Resident #3 did not require assistance with eating, ambulation, transfer, toileting, dressing, and grooming -Resident #3 required supervision with bathing. Review of Resident #3's Resident Register dated 08/08/18 revealed: -Resident #3 had significant loss of memory and had to be directed. -Resident #3 ambulated with use of a walker. Interview with a Co-Administrator on 08/13/19 at 5:00pm revealed: -He was in charge of getting all FL2s completed and signed by the physician and ensure they were updated. -He did not know Resident #3 did not have a recommended LOC. -Resident #3's family member took her to her doctor appointments. -He would contact Resident #3's primary care provider to get her LOC updated.	{C 207}		

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{C 236}	Continued From page 15	{C 236}		
{C 236}	10A NCAC 13G .0802 (a) Resident Care Plan 10A NCAC 13G .0802 Resident Care Plans (a) A family care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan shall be an individualized, written program of personal care for each resident. This Rule is not met as evidenced by: Based on record review, the facility failed to assure that a care plan was developed within 30 days of admission for 1 of 3 residents (#1) resided at the facility. The findings are: Review of Resident #1's current FL-2 dated 11/06/18 revealed: -Diagnoses included Alzheimer's dementia and hypertension. -Resident #1's recommended level of care was Special Care Unit (SCU). -Resident #1 was documented as non-ambulatory and constantly disoriented. Review of Resident #1's records revealed there was no care plan. Review of Resident #1's Resident Register dated 12/12/18 revealed: -Resident #1 was admitted to the facility on 12/14/18. -Resident #1 had significant loss of memory and had to be directed. -Resident #1 required a wheelchair and assistance with ambulation.	{C 236}		

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{C 236}	Continued From page 16 Observations on 08/06/19 at 12:24 p.m. revealed: -Resident #1 was in her room alone, lying towards her left side in a hospital bed with full bedrails up. -Resident #1 had her eyes closed and did not respond to surveyor's verbal communication on entering her room. -Resident #1 did not respond to verbal and tactile stimulation by a medication aide (MA) to turn over to eat her lunch. Based on observations, interviews and record reviews it was determined Resident #1 was not interviewable. Interview with the two Co-Administrators on 08/06/19 at 10:45 a.m. revealed: -The Co-Administrators were responsible for assessing and admitting residents to the facility, that included a care plan signed by the residents' primary care physician. -Resident #1 was semi-ambulatory when she was admitted to the facility in December 2018 but became non-ambulatory since the beginning of March 2019. -Resident #1 did not have a primary care physician because she was under hospice care. -They had been trying to get in touch with the hospice doctor but had been unable to reach him concerning Resident #1's care plan.	{C 236}		
{C 912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and	{C 912}		

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{C 912}	Continued From page 17 regulations. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to design and construction. The findings: Based on observations, interviews and record reviews, the facility failed to assure the building met the North Carolina Building Code requirements for non-ambulatory residents as evidenced by 2 of 3 residents (Resident #1 and #2) who were physically impaired, residing in the facility unable to evacuate the facility independently without verbal or physical assistance.[Refer to Tag C0022, 10A NCAC 13G .0302(b) Design and Construction (Unabated Type B Violation)].	{C 912}		