

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-084	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED C 09/02/2020
		B. WING	

NAME OF PROVIDER OR SUPPLIER
FOREST HILLS FAMILY CARE FACILITY

STREET ADDRESS, CITY, STATE, ZIP CODE
**54 RIPLEY ROAD
CAMERON, NC 28326**

(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
V 000	INITIAL COMMENTS A complaint survey was completed on September 2, 2020. The complaint was substantiated (intake #NC00167372). Deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities	V 000		
V 115	27G .0208 Client Services 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.	V 115		

DHSR-Mental Health
SEP 15 2020
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Handwritten Signature]

Director Quality Management 9/9/20

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V 115	Continued From page 1 This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure meals are nutritious for three of three clients (#1, #2, and #3). The findings are: Interview on 8/31/20 with 1st, 2nd and 3rd shift staff revealed: -There were not enough breakfast foods. - 1st and 3rd shift staff reported giving clients some of their food. -1st and 3rd shift staff reported purchasing food for clients. -There was never enough breakfast food. - Staff reported fresh vegetables would go bad. -Fresh vegetables would go bad because staff was not cooking them. -There was a lot of food for dinner and clients received lunch at the day program. -There was a monthly food menu, but food shopping did not match the menu. -"They just buy stuff." Interview with on 8/31/20 with the House Manager revealed: -Shopping was done weekly. -The Administrative staff at the office did the shopping. -She reported there was a form for staff to list things to buy. -The list is supposed to be handed to the office staff for shopping. -She would give the office staff her input to what and what not to buy based on client's doctor's recommendations. -Some staff were not accepting food changes. -Fresh fruit and vegetables would go bad	V 115	. The facility will ensure that all meals served are nutritious and consistent with the dietary needs for 3 of 3 clients in the home. The residential manager (QP), administrative staff, Director of Operations and Quality Management Director will meet to assess the menu, each client's nutritional needs, shopping, and food preparation practices in the home. The team will develop written guidance for staff and persons that shop for groceries to ensure that the food supply on hand supports the menu; and that each client receives a nutritious meal in accordance with their dietary and health needs.. The QP will provide in-service training to all staff on the appropriate selection of food and preparation of meals in accordance with the Menu. The QP will monitor breakfast and dinner meals in the home weekly to ensure continued compliance. The Director of Quality Management will monitor meals in the home monthly to ensure compliance.	11/1/20 11/1/20 11/1/20 11/1/20

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V 115	Continued From page 2 because staff did not use or cook in time. -She was trying to get clients from eating can foods because it was high in sodium and sugar. -She did not receive reports of a lack of breakfast foods. -The office staff would go the house to see what was missing. -Reported she went to the house every week to check the food supply. Interview on 9/2/20 with the Director of Quality Management revealed: -There was reports that staff was not cooking the food. -Staff preferred to buy food rather than cook. - Staff following the menu had been an issue. - Administrative staff did the shopping as well as the House Manager.	V 115		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary	V 540		

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V 540	Continued From page 3 napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming was implemented affecting three of three audited clients (#1, #2 and #3). The findings are: Review on 8/28/20 of Client #1's record revealed: -Admission date of 1/29/16. -Diagnosis of Moderate Intellectual Disability. Review on 8/28/20 of Client #2's record revealed: -Admission date of 4/26/20. -Diagnoses of Autistic Disorder, Severe Intellectual Disability and Hypertension Review on 8/28/20 of Client #3's record revealed: -Admission date of 6/21/12. -Diagnoses of Severe Intellectual Disability, Intermittent Explosive Disorder, Autism Disorder, Schizoaffective Disorder, Acid Reflux, Asthma and Diabetes. Interview on 8/31/20 with 1st, 2nd and 3rd shift staff revealed: -Staff reported they had to use hair shampoo to bathe clients about 2 weeks ago. -There was no liquid or bar soap. -Staff often purchased 2 and 1 shampoo and	V 540	The facility will ensure the availability of personal health, hygiene, and grooming items for all clients. The residential manager (QP) will conduct weekly observations and inspections in the home to assess client needs for personal hygiene items such as soap and shampoo. The home manager will ensure that the home is stocked with an excess supply of personal hygiene and health supplies to avoid running out. Staff will be in-service on reporting when supplies are getting low in the home to alert the home manager of the need to replenish the supplies. Director of Quality Management will in-service staff on the process for reporting issues such as when clients are lacking toiletry and personal hygiene supplies through direct contact with the QP, main office and following up through the chain of command until the issue is addressed. The QP will monitor in the home during personal hygiene care, weekly to ensure compliance.	11/1/20 11/1/20 11/1/20 11/1/20

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V 540	<p>Continued From page 4</p> <p>soap but there was not any left.</p> <ul style="list-style-type: none"> -The hygiene products were purchased by the facility and kept in the locked cabinet. -Clients would lose hygiene products if kept in their room. <p>Interview on 8/31/20 with the House Manager revealed:</p> <ul style="list-style-type: none"> -The facility had enough soap to bathe clients. -She bought liquid soap and hygiene products were in the bottom of a locked cabinet. -Shopping was done every week by office staff. - Personal items purchased by administrative staff and if anything ran out, she would buy it. -She reported there was a form for staff to list things to buy. -The list is supposed to be handed to the office staff for shopping. -That office staff also goes to the house to look to see what's missing. -Staff did not tell her there was no body soap. <p>Interview on 9/2/20 with the Director of Quality Management revealed:</p> <ul style="list-style-type: none"> -Administrative staff and house manager did the shopping. -Direct care staff had the responsibility to report any items missing. -Staff meetings were to express issues and concerns. -Staff had been instructed to communicate issues and when things are not getting done. -Any issues related to client care should be reported and go beyond house management if not resolved. -Staff meetings were held quarterly. -House manager was supposed to have meetings with Direct Care Staff. 	V 540		

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V 736	Continued From page 5	V 736	<p>The Residential Manager (QP) will conduct weekly inspections of the home to address any repair needs. The Residential Manager (QP) will complete a maintenance request order (form) to correct any issues noted. The Residential Manager will follow-up weekly on all maintenance request orders to determine the status until corrected.</p> <ol style="list-style-type: none"> The couch will be replaced. Client #2's mattress will be replaced. New blinds will be purchased. The bathroom toilet will be repaired. Client #1's bed will be repaired or replaced. <p>Residential Manager and Director of Quality Management will conduct quarterly preventative maintenance reviews in the home to ensure continued compliance.</p> <p>The Quality Management Director will in-service all staff on the process for communicating group home and/or client care needs if not resolved by management.</p>	11/1/20
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe and attractive manner. The findings are:</p> <p>Interview on 8/31/20 with 1st, 2nd and 3rd shift staff revealed: -The couch in the living room was old and looked like a couch you would see in a college dorm. -The couch is old and sunk in and needed new cushion. -Client #2's mattress had a lump in it. - Management often changed client 2' mattress due to being soiled -The house needed new blinds. There are holes in all of them. -The blinds in the house were either broken, had a hole or shattered. -The bathroom toilet in the back need to be fixed. -Client #1's bed was sinking in and the bed frame was not holding him. -Client #1's bed needed a new bed rail; Its either broken or need to be fixed. -Staff reported they told the house manager, but nothing ever got done.</p> <p>Interview on 8/31/20 with the House Manager</p>	V 736		<p>11/1/20</p> <p>11/1/20</p> <p>11/1/20</p> <p>11/1/20</p>

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V 736	<p>Continued From page 6</p> <p>revealed:</p> <ul style="list-style-type: none"> -Management was in the process of buying a new couch and she suggested buying faux leather. - Client #2 was supposed to get a new mattress. - Client #2 messed up his mattress. -Staff however should wash and dry client #2's sheets within the 8 hours. -The house had soap and fabric softener. -Client #2 had a brand-new bed as of last month. -There were no lumps in the mattress. -There were no blinds broken. -She went to the house every week to check the food and monthly to check and review MARS and everything else. -There was an inspection check list. -Staff don't come to the meetings; they don't use the check list. -There were thoughts of deducting staff pay because write-ups were not doing anything or helping. <p>Interview on 9/2/20 with the Director of Quality Management revealed:</p> <ul style="list-style-type: none"> -Last purchased client #2's bed within the past six months. -There had been multiple purchases of mattresses. -Staff had been instructed to communicate issues and when things are not getting done. -Any issues related to client care should be reported and go beyond house management if not resolved. -There was a work order system. -Staff completed the work order and gives to the house manager. -The House Manager was responsible for turning in work orders to the Director. 	V 736		



Victor
& ASSOCIATES INC.

September 9, 2020

Ms. Frances E. Hicks, MSW
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
N.C. Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR-Mental Health

SEP 15 2020

Lic. & Cert. Section

Re: Complaint Survey completed September 2, 2020
Forest Hills Family Care Facility
54 Ripley Road, Cameron, NC 28326
MHL#043-084
Intake #NC00167372

Dear Ms. Hicks:

See attached hard copy of the plan of correction (POC) for the Forest Hills Family Care Facility's complaint survey, completed 9/2/20. We hope that you will find the attached POC acceptable. If you have questions, feel free to contact myself or Vidya Persad, Director of Operations. Otherwise, we very much look forward to your follow-up visit.

Kindest regards,

James Harris, Director Quality Management