Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED							
,		IDENTIFICATION OF THE PROPERTY	A. BUILDING: _									
		MHL043-084	B. WING		R-C 02/18/2021							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
FOREST HILLS FAMILY CARE FACILITY 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 (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)								
V 000	0 INITIAL COMMENTS		V 000									
	A complaint and follow-up survey was completed on February 18, 2021. The complaint was substantiated (intake #NC00173373 and #NC00173314). Deficiency cited.											
	category: 10A NCAC	d for the following service 27G. 5600C Adults with Developmental										
V 736	V 736 27G .0303(c) Facility and Grounds Maintenance		V 736									
		EMENTS										
	failed to ensure facilit in a safe and attractiv	as evidenced by: n and interview, the facility y grounds were maintained re manner. The findings are: 21 at 9:00 a.m. revealed:										
		val the window in the front of										
	revealed: -The agency did not p	with the House Manager ourchase a new couch. If the cushion covers on the										
	Interview on 2/18/21	with the Director of Quality										

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

(X6) DATE TITLE

PRINTED: 02/19/2021 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER FOREST HILLS FAMILY CARE FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE 64 RIPLEY ROAD CAMERON, NC 28326 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 54 RIPLEY ROAD CAMERON, NC 28326 (X4) ID PREFIX FAG REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING B. WING B. WING DATE STREET ADDRESS, CITY, STATE, ZIP CODE 54 RIPLEY ROAD CAMERON, NC 28326 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	7.11.2 1 27.11	avor contraction	ISERTII IOANION NOMBELA	A. BUILDING: _			.5						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 54 RIPLEY ROAD CAMERON, NC 28326 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 54 RIPLEY ROAD CAMERON, NC 28326 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	MHL043-084		MHL043-084	B. WING		•							
FOREST HILLS FAMILY CARE FACILITY CAMERON, NC 28326 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CAMERON, NC 28326 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETING TAG) CROSS-REFERENCED TO THE APPROPRIATE DATE													
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V 736 Continued From page 1 V 736	V 736	Gontinued From page	Continued From page 1										
Management revealed: -The blinds were fixed but broken againConfirmed the couch was not replaced as indicated in the plan of correctionReported that they replaced the cushion covers was sufficient. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	Management reveale -The blinds were fixe -Confirmed the couch indicated in the plant -Reported that they re -He felt replacing the sufficient. This deficiency const	d: d but broken again. was not replaced as of correction. eplaced the cushion covers. cushion covers was tutes a re-cited deficiency	V 736									

Division of Health Service Regulation

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