

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 R-C 02/18/2021
		B. WING	

NAME OF PROVIDER OR SUPPLIER FOREST HILLS FAMILY CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 54 RIPLEY ROAD CAMERON, NC 28326
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(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 and follow-up survey was completed on February 18, 2021. The complaint was substantiated (intake #NC00173373 and #NC00173314). Deficiency cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities	V 000	The facility will ensure that grounds, furnishing, décor and window blinds are maintained in a safe and attractive manner.	3/15/21
V 736	27G .0303(c) Facility and Grounds Maintenance 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. 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: Observation on 2/10/21 at 9:00 a.m. revealed: - Upon surveyor's arrival the window in the front of the house blinds were broken. Interview on 2/12/21 with the House Manager revealed: -The agency did not purchase a new couch. - The agency changed the cushion covers on the couch. Interview on 2/18/21 with the Director of Quality	V 736	The Residential Manager (QP) will conduct weekly inspections of the home to address any repair needs. The Residential Manager 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. 1.The couch was not replaced. Pest Control conducted inspection of the home and completed a series of treatment to include intense heat treatment. The frame to the couch is solid wood and did not have evidence of infestation per pest control. In addition, the wooden couch frame was in good repair. Therefore, management made the decision to replace the cushions on the couch and use vinyl cushion covering to prevent further infestation issues. There have been no further issues with bed bugs.	3/15/21 3/15/21

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

TITLE

Director Quality Management 3/2/21

(X6) DATE

PRINTED: 02/19/2021
FORM APPROVED

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER FOREST HILLS FAMILY CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 54 RIPLEY ROAD CAMERON, NC 28326		
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V 736	Continued From page 1. Management revealed: -The blinds were fixed but broken again. - Confirmed the couch was not replaced as indicated in the plan of correction. -Reported that they replaced the cushion covers. -He felt replacing the cushion covers was sufficient. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	2.The blinds have been replaced. The home manager has instructed staff to monitor and redirect the client who has constantly damaged the blinds. An extra set of blinds will be maintained in the home as replacement- should the client damage the blinds in the future. In addition, staff will complete an incident report and a work maintenance request to have the blinds replaced. The home manager will act within 2 days to have blinds replaced. The Home Manager and/or the Director of Quality Management will monitor in the home weekly to ensure compliance.	3/19/21 3/19/21 3/19/21

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STATE FORM

6899

6ETG11

If continuation sheet 2 of 2



Victor
& ASSOCIATES INC.

Provider of MH/DD/SA Services

March 2, 2021

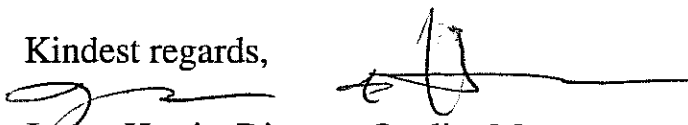
Ms. Frances E. Hicks, MSW
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
N.C. Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Survey completed February 18, 2021
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 & follow-up survey, completed 2/18/21. 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



Victor & ASSOCIATES INC.

Provider of MH/DD/SA Services

1600 South Third St., Sanford, NC 27330 Tel: (919)718-4988 Fax: (919)718-4990

Fax

To: Frances Hicks, MSW
DHSP From: James Harris

Fax: 919-715-8078 Pages: including Fax Sheet

Phone: _____ Date: 3/2/21

Re: POC - FH CC: _____

Urgent For Review Please Comment Please Reply Please Recycle

• **Comments:** If you have any questions or concerns, please feel free to contact me at (919)718-4988. Thanks!

James Harris

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