Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-COMPLETED A. BUILDING: R B. WING MHL043-084 01/15/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **54 RIPLEY ROAD** FOREST HILLS FAMILY CARE FACILITY CAMERON, NC 28326 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 3/12/25 An annual, complaint and follow up survey was completed on January 15, 2025. The complaint The facility will ensure for each client was substantiated (intake #NC00225248). that all strategies and procedures will be Deficiencies were cited. implemented in accordance with the This facility is licensed for the following service treatment plan to address clients' needs category: 10A NCAC 27G .5600C Supervised to include but not limited to glucose Living for Adults with Developmental Disabilities. readings and documentation. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of Staff will be in-service by the OP on audits of 3 current clients. Client #3's Diabetes Mellitus status and 3/12/25 the importance of completing glucose V 112 27G .0205 (C-D) V 112 readings twice daily and charting the Assessment/Treatment/Habilitation Plan readings accordingly. 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE For Client #3, staff will be monitored in 3/12/25 **PLAN** (c) The plan shall be developed based on the the home by the QP weekly to ensure assessment, and in partnership with the client or the implementation of physician's legally responsible person or both, within 30 days orders to check glucose levels and of admission for clients who are expected to receive services beyond 30 days. document/chart twice daily. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a The Quality Management Director projected date of achievement; and/or Director of Operations will check (2) strategies; (3) staff responsible; the MARs and charting of glucose (4) a schedule for review of the plan at least readings twice weekly to ensure annually in consultation with the client or legally continued compliance. responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DAT	E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G:	COM	IPLETED
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		MHL043-084	B. WING _		1	R <b>15/2025</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE		
FOREST	HILLS FAMILY CARE	FACILITY 54 RIPLE	Y ROAD	**************************************		
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	M	0.45
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	oonanaca i rom pa	90 1	V 112			
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	This Dule is not an					
	This Rule is not me	riews and interviews, the				
		lop goals and strategies and				
	implement procedur					
		n plan to address the client's				
		ited clients. The findings are:				
		and the same of th				
	Finding #1	_				
		of client #3's record revealed:				
	- Admitted on 6/21/1					
		re Intellectual Developmental Disorder, Hypertension and				
	Diabetes Mellitus II.	Disorder, Tryperterision and				
		ated 8/12/24: Check blood				
	sugar "2x/day."					
	- Client #3' Blood sug	gar check documentation:				
	October 2024- E	Blood sugar checked only				
	once daily: 10/3/24-1	0/10/24, 10/17/24, 10/22/24,				
	10/23/24, 10/25/24, 11/20/24 and 10/21/					- Landerson
	on 10/18/24.	24. No blood sugar check				
		- No blood sugar check on				
		checked only once daily				
	11/4/24-11/6/24, 11/1	1/24, 11/14/24, 11/15/24,				
	11/17/24-11/21/24, 1	1/25/24 and 11/30/24.				
	December 2024-	Blood sugar checked only				
	once daily 12/3/24, 1	2/4/24, 12/6/24, 12/9/24-				
	12/13/24, 12/15/24-1					
		24. No blood sugar check on				
	12/23/24.					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** COMPLETED A. BUILDING: R B. WING MHL043-084 01/15/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **54 RIPLEY ROAD** FOREST HILLS FAMILY CARE FACILITY CAMERON, NC 28326 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 112 Continued From page 2 V 112 January 2025- Blood sugar checked once daily 1/1/25, 1/6/25, 1/9/25. No blood sugar check 1/10/25 Review on 1/14/25 of Client #3's Individual Support Plan dated 4/1/24 revealed: - "My Support Needs- Medical support needs: [Client #3] needs support to...have his blood sugar levels checked twice daily...regular blood checks are required...Things that may create stress...change in blood sugar levels (high: 250-400, low: less than 70)...What you can do to help me prepare ahead? Ensure his blood sugar levels are in good range. Long Range Goal 1: [Client #1] will increase his health...Where am I now: [Client #1] needs support to monitor his blood sugar levels. Interview on 1/15/25 staff #2 stated he was aware of client #3's 2 times daily blood sugar checks and completed it when he worked. Interview on 1/15/25 the Qualified Professional stated: - She visited the facility 1-2 times weekly and reviewed staff's documentation. - She had a training with staff to remind them to document appropriately. - She would ensure staff were checking and documenting client #3's blood sugar checks. Interview on 1/15/25 the Director of Quality Management stated: Client #3's blood sugar checks should be completed and documented twice daily. V 542 27F .0105(a-c) Client Rights - Client's Personal V 542 Funds

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROV

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100000000000000000000000000000000000000	PLE CONSTRUCTION		E SURVEY
			A. BUILDIN	G:	COM	PLETED
		MHL043-084	B. WING		4	R <b>15/2025</b>
	PROVIDER OR SUPPLIER  THILLS FAMILY CARE	FACILITY 54 RIPLE		, STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
	10A NCAC 27F .01 FUNDS  (a) This Rule applie typically provides reclients for more than (b) Each competent above the age of 16 encouraged to main personal fund account a fund account a fund a	es to any 24-hour facility which esidential services to individual in 30 days. It adult client and each minor is shall be assisted and atain or invest his money in a unt other than at the facility. But need not be limited to, in interest-bearing accounts. In aged for a client by a facility ment of the funds shall occur colicy and procedures that: The client the right to deposit by: The receipt and distribution of fund account; The receipt of deposits made or others; The keeping of adequate all transactions affecting personal fund account; The deduction from a ant payment for treatment or when authorized by the client and person upon or subsequent client; The issuance of receipts to be withdrawing funds; and accient with a quarterly	V 542			

Division of Health Service Regulation STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R B. WING MHL043-084 01/15/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **54 RIPLEY ROAD** FOREST HILLS FAMILY CARE FACILITY CAMERON, NC 28326 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) The facility will ensure that a V 542 Continued From page 4 V 542 statement representing the quarterly accounting of each client's personal This Rule is not met as evidenced by: funds will be provided to each 3/15/25 Based on record review and interview, the facility failed to provide quarterly accounting of personal member and/or quardian in funds for 3 of 2 current client (#1, #2 and #3). accordance with the regulatory The findings are: requirements. Finding #1: Review on 1/14/25 of client #1's record revealed: The Accounting/Human Resources - Admitted 4/26/10 staff will mail each client and/or legal - Diagnoses Autistic Disorder, Intellectual guardian the most recent statement Developmental Disability-Severe and representing their quarterly Hypertension. 3/15/25 accounting of personal funds. - No evidence quarterly accounting statements had been provided to client #1's representative. Moving forward, each client and/or Finding #2: quardian will receive from the Review on 1/14/25 of client #2's record revealed: Accounting/Human Resources staff Admitted 7/16/20 quarterly statements representing - Diagnoses Autistic Disorder and Intellectual Developmental Disability- Moderate an accounting of their personal - No evidence quarterly accounting statements 3/15/25 funds. had been provided to client #1's representative. The Director of Quality Management Finding #3: Review on 1/14/25 of client #2's record revealed: will monitor via review of client - Admitted 6/21/12 personal funds prior to the end of - Diagnoses Autistic Disorder, Intellectual each quarter to ensure continued Developmental Disability- Severe, Hypertension compliance. and Diabetes Mellitus II No evidence quarterly accounting statements had been provided to client #1's representative. Interview on 1/15/25 client #1 and client #2 did not respond to questions when asked. Interview on 1/15/25 client #3 did not answer questions when asked and only commented

about the super bowl.

PRINTED: 01/23/2025 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R B. WING MHL043-084 01/15/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **54 RIPLEY ROAD** FOREST HILLS FAMILY CARE FACILITY CAMERON, NC 28326 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 542 Continued From page 5 V 542 Interview on 1/15/25 client #1's guardian stated: - She had recently requested client #1's balance due to some planned shopping. - She had received a statement with the balance but she had not received quarterly statements of client #1's account. Interview on 1/15/25 client #3's guardian stated: - She had recently received a statement of client #3's account because she had requested it. - She had not received any other statements for client #3's account. Interview on 1/15/25 the Accounting/Human Resources staff stated: - She had worked in accounting for the facility for several years. - She had not provided quarterly accounting statement to the client's or their representatives unless it was requested. Interview on 1/15/25 the Director of Quality Management stated: - He thought the facility only had to make the quarterly statement of the clients accounts available. - He understood the requirement to provide quarterly accounting statements. - He would ensure the facility provided quarterly accounting statements as required.

Division of Health Service Regulation

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V 736 27G .0303(c) Facility and Grounds Maintenance

10A NCAC 27G .0303 LOCATION AND

(c) Each facility and its grounds shall be

maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive

**EXTERIOR REQUIREMENTS** 

V 736

PRINTED: 01/23/2025 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL043-084 01/15/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **54 RIPLEY ROAD** FOREST HILLS FAMILY CARE FACILITY CAMERON, NC 28326 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG BF CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 736 The facility will ensure that the group 2/14/25 Continued From page 6 V 736 home is maintained in such a manner to ensure a safe, clean, attractive. This Rule is not met as evidenced by: odorless, and an orderly environment Based on observations and interviews the facility was not maintained in a safe, clean and attractive through implementation of cleaning. manner. The findings are: repairs, and ongoing preventive maintenance monitoring. Observation on 1/14/25 of the facility revealed: - The dining area right side window had a blind Staff will complete work orders to that was missing approximately 1 1/2 feet (ft) of blind slats; the walls had stains that were various address any repair needs noted. shades of brown; the baseboards were discolored 2/14/25 and dusty; there was a crack in the wall under the The group home will be cleaned light switch approximately 4 inches long; a chair thoroughly to ensure that it is free of at the dining table had a broken piece of wood dirt, odor, stains and is maintained in approximately 4 inches that exposed sharp wooded edges. an attractive manner. Staff were in - The kitchen floor had tile in front of the kitchen service and instructed to clean the sink that was loose and lifting approximately 3 ft walls, cabinets, refrigerator, by 2 ft in size and the area was very soft when stepped on; the lower cabinet in the corner to the microwave, vents, bedrooms and in other areas or home items to ensure a left of the sink was off the hinge; all cabinets under the sink had small black particles through clean environment. out; 1 cabinet under the sink had 2 live spiders in webs; the kitchen counter had 3 pots with liquid 2/14/25 ad food residue in them sitting on a baking pan that also had food residue on it; ; the upper A technician will complete repairs of cabinet beside the refrigerator had a door on the the home to include but not limited to right side that was cracked in several areas on floor tiling, cracks in doors, walls, door the inside of the door; the freezer was missing a knobs, the refrigerator freezer door handle but had a sharp pointy piece of it towards handle will be replaced; wood paneling the bottom of the freezer door; the refrigerator near doorways, replace broken window had brown residue on it; bottom refrigerator doors

had dust.
Division of Health Service Regulation

ere missing and food particles were spilled: the

microwave was heavily soiled with food particles

and spills; stove drip pans were rusted, dark with

food particles and some had cracks; the oven

was heavily stained with dark particles in the bottom; the oven drawer had dark colored spills

on it; cabinets beside the stove felt greasy and

blinds, or any other such repair needs

noted in the SOD and as determined

maintenance monitoring to address any

through ongoing preventive

facility repair needs.

PRINTED: 01/23/2025 FORM APPROVED

Division of Health Service R	Regulation		FORW APPROVED			
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:				
NAME OF DROWNER OR SURGUES			01/15/2025			
NAME OF PROVIDER OR SUPPLIER	EARING EVIDOAD					
FOREST HILLS FAMILY CARE	FACILITY	I, NC 28326				

Division of Health Service Regulation STATE FORM

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Way   Deference   Deference   Process   Proc		of Health Service Regulation	1		,
- The return vent door by the kitchen had heavy dust on inside and outside.  - Client #1's bedroom had no blind at the window; no sheet on the bed; walls had various brown stains and smudges throughout the room; the 9 drawer dresser had the top middle drawer handle missing; there was broken plastic clothes hamper that had sharp edges; the bedroom door was cracked by the door knob; brown molding at the bottom of the doorway was cracked and broken.  - The hallway bathroom had a section of baseboard that was missing behind the door, a rusted vent cover, shoe molding and baseboard was discolored green and dark behind the toilet; the toilet tank top was broken on the right side had brown molding around the bottom that was cracked and broken.  - Client #2's bedroom had a blind missing from the left side window, the brown headboard was peeling; approximately 6 ft of brown molding around the door frame from top to bottom missing; the corner wall beside client #2's bed room was missing approximately 4 ft of molding; - The floor vent in the living room behind the Christmas tree was missing.  - Client #3's bedroom had a foul odor of feces; the white door was stained; the toilet was dirty with feces.  - The sittingly room had had wood frame chair, sofa and love seat that had rips and tears in the material of cushions; walls had dark smudges and stains throughout.  Interview on 1/15/25 client #1 and client #2 did not respond to questions when asked.  Interview on 1/15/25 client #3 did not answer questions when asked.  Interview on 1/15/25 client #3 did not answer questions when asked.			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE
dust on inside and outside  - Client #1's bedroom had no blind at the window, no sheet on the bed; walls had various brown stains and smudges throughout the room; the 9 drawer dresser had the top middle drawer handle missing; there was broken plastic clothes hamper that had sharp edges; the bedroom door was cracked by the door knob; brown molding at the bottom of the doorway was cracked and broken.  - The hallway bathroom had a section of baseboard that was missing behind the door, a rusted vent cover, shoe molding and baseboard was discolored green and dark behind the toilet; the toilet tank top was broken on the right edge approximately 3 inches; the door frame on the right side had brown molding around the bottom that was cracked and broken.  - Client #2's bedroom had a blind missing from the left side window; the brown headboard was peeling; approximately 6 ft of brown molding around the door frame from top to bottom missing; the corner wall beside client #2's bed room was missing approximately 4 ft of molding:  - The floor vent in the living room behind the Christmas tree was missing.  - Client #3's bedroom had a foul odor of feces; the white door was stained; the toilet was dirty with feces.  - The sitting/ty room had had wood frame chair, sofa and love seat that had rips and tears in the material of cushions; walls had dark smudges and stains throughout.  Interview on 1/15/25 client #1 and client #2 did not respond to questions when asked.  Interview on 1/15/25 client #3 did not answer questions when asked.	V 736	Continued From page 7	V 736		0/14/05
dust on inside and outside.  - Client #1's bedroom had no blind at the window, no sheet on the bed; walls had various brown stains and smudges throughout the room; the 9 drawer dresser had the top middle drawer handle missing; there was broken plastic clothes hamper that had sharp edges; the bedroom door was cracked by the door knob; brown molding at the bottom of the doorway was cracked and broken.  - The hallway bathroom had a section of baseboard that was missing behind the toilet; the toilet tank top was broken on the right side had brown molding around the door farme on the right side had brown molding around the bottom that was cracked and broken.  - Client #2's bedroom had a blind missing from the left side window; the brown headboard was peeling; approximately 6 ft of brown molding around the door frame from top to bottom missing; the corner wall beside client #2's bedroom had a foll odor of frame from top to bottom missing; the corner wall beside client #2's bedroom had a foll odor of frame from top to bottom missing approximately 4 ft of molding;  - The floor vent in the living room behind the Christmas tree was missing.  - Client #3's bedroom had a foul odor of feces; the white door was stained; the toilet was dirty with feces.  - The sitting/tv room had had wood frame chair, sofa and love seat that had rips and tears in the material of cushions; walls had dark smudges and stains throughout.  Interview on 1/15/25 client #3 did not answer questions when asked.  Interview on 1/15/25 client #3 did not answer questions when asked.		- The return vent door by the kitchen had heavy		for mold, and/or painted or replaced, as	2/14/25
Interview on 1/15/25 client #3 aid not answer unserted will be replaced. The rusted vent will be replaced. The rusted vent will be replaced. The rusted vent will be replaced or cleaned. The missing vent was secured and put into place.  All broken plastic clothes hampers will be replaced. The rusted vent will be replaced or cleaned. The missing vent was secured and put into place.  All broken plastic clothes hampers will be replaced. The rusted vent will be replaced or cleaned. The missing vent was secured and put into place.  For Client #2- in his bedroom the headboard will be replaced. The door frame and corner wall moldings of missing frame pieces will be repaired.  For Client #2- in his bedroom the headboard will be replaced. The door frame and corner wall moldings of missing frame pieces will be repaired.  The hall, bathroom walls, and baseboards will be thoroughly cleaned, or painted; and repairs made to the baseboard of flooring as needed throughout the facility.  The living room sofas and chairs will be either replaced or the repairs will occur of any torn cushions.  The possibility room had had wood frame chair, sofa and love seat that had rips and tears in the material of cushions; walls had dark smudges and stains throughout.  Interview on 1/15/25 client #1 and client #2 did not respond to questions when asked.  Interview on 1/15/25 client #3 did not answer guestions when asked.		dust on inside and outside.		necessary.	
stains and smudges throughout the room; the 9 drawer dresser had the top middle drawer handle missing; there was broken plastic clothes hamper that had sharp edges; the bedroom door was cracked by the door knob; brown molding at the bottom of the doorway was cracked and broken.  - The hallway bathroom had a section of baseboard that was missing behind the door, a rusted vent cover, shoe molding and baseboard was discolored green and dark behind the toilet; the toilet tank top was broken on the right edge approximately 3 inches; the door frame on the right eight each and broken.  - Client #2's bedroom had a bilind missing from the left side window; the brown headboard was peeling; approximately 6 ff of forown molding around the door frame from top to bottom missing; the corner wall beside client #2's bedroom was missing approximately 6 ff of molding; - The floor vent in the living room behind the Christmas tree was missing.  - Client #2's bedroom had a foul odor of feces; the white door was stained; the toilet was dirty with feces.  - The sitting/tv room had had wood frame chair, sofa and love seat that had rips and tears in the material of cushions; walls had dark smudges and stains throughout.  Interview on 1/15/25 client #1 and client #2 did not respond to questions when asked.  Interview on 1/15/25 client #3 did not answer questions when asked.					
drawer dresser had the top middle drawer handle missing; there was broken plastic clothes hamper that had sharp edges; the bedroom door was cracked by the door knob; brown molding at the bottom of the doorway was cracked and broken.  - The hallway bathroom had a section of baseboard that was missing behind the door, a rusted vent cover, shoe molding and baseboard was discolored green and dark behind the toilet; the toilet tank top was broken on the right edge approximately 3 inches; the door frame on the right side had brown molding around the bottom that was cracked and broken.  - Client #2's bedroom had a blind missing from the left side window; the brown headboard was peeling; approximately 6 ft of brown molding around the door frame from top to bottom missing; the corner wall beside client #2's bed room was missing approximately 4 ft of molding; - The floor vent in the living room behind the Christmas tree was missing Client #3's bedroom had a foul odor of feces; the white door was stained; the toilet was dirty with feces The sitting/tv room had had wood frame chair, sofa and love seat that had rips and tears in the material of cushions; walls had dark smudges and stains throughout.  Interview on 1/15/25 client #1 and client #2 did not respond to questions when asked.  Interview on 1/15/25 client #3 did not answer questions when served and put into place.  For Client #2- in his bedroom the headboard will be replaced. The door frame and corner wall moldings of missing frame pieces will be repaired.  For Client #2- in his bedroom the headboard will be replaced. The door frame and corner wall moldings of missing frame pieces will be repaired.  The hall, bathroom walls, and baseboards will be thoroughly cleaned, or painted; and repairs made to the baseboard of flooring as needed throughout the facility.  The living room sofas and chairs will be either replaced or the repairs will occur of any torn cushions.  The QPs will conduct checks of the group home twice weekly to ensure that the facility is maintain					
missing; there was broken plastic clothes hamper that had sharp edges; the bedroom door was cracked by the door knob; brown molding at the bottom of the doorway was cracked and broken.  - The hallway bathroom had a section of baseboard that was missing behind the door, a rusted vent cover, shoe molding and baseboard was discolored green and dark behind the toilet; the toilet tank top was broken on the right edge approximately 3 inches; the door frame on the right side had brown molding around the bottom that was cracked and broken.  - Client #2's bedroom had a blind missing from the left side window, the brown headboard was peeling; approximately 6 ft of brown molding around the door frame from top to bottom missing; the corner wall beside client #2's bedroom was missing approximately 4 ft of molding; - The floor vent in the living room behind the Christmas tree was missing.  - Client #3's bedroom had a foul odor of feces; the white door was stained; the toilet was dirty with feces.  - The sitting/tv room had had wood frame chair, sofa and love seat that had rips and tears in the material of cushions; walls had dark smudges and stains throughout.  Interview on 1/15/25 client #1 and client #2 did not respond to questions when asked.  Interview on 1/15/25 client #3 did not answer questions when asked and broken.  Interview on 1/15/25 client #3 did not answer questions when asked and broken.  The process of the group home twice weekly to ensure that the facility is maintained in a safe, clean, and attractive means.  The Director of Quality Management (DQM) will develop a monitoring tool to inspect the home to address potential safe, clean, and attractive needs. DQM will monitor weekly in the home to					
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED
	MHL043-084	B. WING	R 01/15/2025

FOREST HILLS FAMILY CARE FACILITY  CAMERON, NC 28326  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE	
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V 736  Continued From page 8 about the super bowl.  Interview on 1/15/25 staff #2 stated he had worked at the facility since October 2024 and was responsible for monitoring clients, administering medications, meal preparation and cleaning. He would notify the office if repairs were needed at the facility.  Interview on 1/15/25 the Qualified Professional stated: - She went to the facility 1-2 times weekly The facility had maintenance work request slips for staff to complete Staff would complete the form and send it to the office She had completed the maintenance before, taken pictures and notified the Accounting/Human Resources staff Maintenance would be sent to the facility to complete the repairs.  Interview on 1/15/25 the Director of Quality Management stated: - The kitchen floor had been like that for approximately 3 weeks. The facility will get new flooring installed in the kitchen He understood the freezer was missing a handle but it could still be used by the clients The pots on the counter were probably soaking Client #1 tears down the blinds and curtains in his room. They are planning to tint the window and update his treatment plan Staff working 3rd shift should be cleaning the facility during the shift He would ensure all maintenance issues were addressed.  This deficiency constitutes a re-cited deficiency	

PRINTED: 01/23/2025 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ R B. WING MHL043-084 01/15/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **54 RIPLEY ROAD** FOREST HILLS FAMILY CARE FACILITY CAMERON, NC 28326 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 736 Continued From page 9 V 736 and must be corrected within 30 days.

Division of Health Service Regulation

STATE FORM