DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		DATE SURVEY COMPLETED	
		34G336	B. WING				C	
NAME OF PROVIDER OR SUPPLIER FOREST HILLS GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1913 FOREST HILLS DRIVE GREENVILLE, NC 27858			13/2025	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUTH ACTION SHOUTH ACTION SHOUTH ACTION SHOUTH ACTION SHOUTH ACTION SHOUTH ACTION S		D BE	(X5) COMPLETION DATE	
W 000	INITIAL COMMEN	TS	w	000				
W 252	5/13/25 for intakes #NC00230147. The	owever, deficiencies were	W 2	252				
	Data relative to acceptions	complishment of the criteria ndividual program plan documented in measurable						
	Based on record r facility failed to ens	is not met as evidenced by: eviews and interviews, the sure 1 of 1 audit clients (#1) documented. The finding is:						
	plan (BSP), dated revealed target bel aggression, disruptorying, cursing), see hits, bites, scratcher efusal to participal inappropriate sociation to the seed of behaviors to inclor when no targeted promote the use of the seed of the	of client #1's behavior support 9/12/24 and revised 3/11/25, naviors to include physical tive behaviors (i.e. yelling, elf-injury (i.e. banging head, es self), property destruction, te in scheduled activities, all behavior, inappropriate ng. Data should be recorded ethod to monitor the frequency ude documenting "good hours" d behavior has occurred to fis picture cue reward n addition, all target behaviors nted.						
	Review on 5/13/25	of client #1's behavior data						
ABORATOR)	/ DIDECTOR'S OR DROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		34G336	B. WING			C / 13/2025	
NAME OF PROVIDER OR SUPPLIER FOREST HILLS GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1913 FOREST HILLS DRIVE GREENVILLE, NC 27858		13/2023	
(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 CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	SHOULD BE COMPLÉTION		
W 252	revealed inconsiste several hours from was documented the observed for the dareported during an same day in which the kitchen and the behavior, including Review on 5/13/25 revealed client #1 h 5/3/25. On 5/4/25, of the morning but the down". Staff A state brownies that staff froom to begin yelling Interview on 5/13/25 Disabilities Profess should document pubehavior according scheduled to be trained and the second of th	ncy and lack of data for 4/21/25 to 5/3/25. On 5/4/25, it at no target behavior was by. However, an incident was investigative interview on the client #1 "stole" brownies from an engaged in disruptive crying and yelling. of interview with Staff A had no behaviors overnight on client #1 had behaviors during by were "not worth writing and client #1 had "stolen" made and had gone to his lig. with the Qualified Intellectual ional (QIDP) revealed staff ositive behavior and target to plan guidelines. Staff are ined on May 21, 2025. ROPRIATE CLIENT of 1/2 to 5/3/25.	W 2				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		040000				С	
		34G336	B. WING			05/	13/2025
NAME OF PROVIDER OR SUPPLIER FOREST HILLS GROUP HOME				19 ⁻	REET ADDRESS, CITY, STATE, ZIP CODE 13 FOREST HILLS DRIVE REENVILLE, NC 27858		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 288	#1 "stole" brownies had made them. Cl when Staff A told his snack due to taking client #1 to calm do to his room and be client #1's room anyelling at. Client #1 on client #1's bed. It staff deserves to be in and take care of alright?" Client #1 staff A did not docudid not feel it was at to his "stealing" by Review on 5/13/25 plan (BSP), dated servealed target behaggression, disrupt crying, cursing), se hits, bites, scratcherefusal to participat inappropriate social toileting, and stealing disruptive behavior calming talk should him space and time excessive verbal exresponsiveness as escalate. If he engaredirection should to picture cue reward withholding of snace.	from the kitchen after staff ient #1 then became upset m he would lose his morning the brownie. Staff A asked own in his room. Client #1 went gan to yell. Staff A then went to d asked him who he was faced the wall and Staff A sat He asked him, "do you think the respected because we come you and make sure you withook his head to say "yes". It is deal" and he responded withholding his morning snack. of client #1's behavior support of 12/24 and revised 3/11/25, haviors to include physical inverse behaviors (i.e. yelling, lif-injury (i.e. banging head, is self), property destruction, in scheduled activities, I behavior, inappropriate in scheduled activities, I behavior, inappropriate in yerbal redirection and the used. Staff should allow the to de-escalate, minimizing schanges or high this may cause behavior to ages in stealing, verbal or used, as well as using his progress system. No	W 2	288			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G336	B. WING			C 05/13/2025	
NAME OF F	DROVIDED OR SUDDIJED		l	67	TREET ADDRESS CITY STATE ZID CODE	1 00/	10/2020
NAME OF PROVIDER OR SUPPLIER FOREST HILLS GROUP HOME				19	TREET ADDRESS, CITY, STATE, ZIP CODE 13 FOREST HILLS DRIVE		
				G	REENVILLE, NC 27858		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W 288	designated snacks	ge 3 for behavior intervention, and should be addressed	W2	288			