

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: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2026
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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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(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 736	<p>Continued From page 1</p> <p>- The hall bathroom had a 2 bulb light fixture with 1 not working.</p> <p>Interview on 3/11/26 the Quality Management Director stated: - He would have the facility checked for moisture concerns, consider a humidifier for the facility and acknowledged all other concerns.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	The QP and/or the Quality Management Director will monitor weekly in the home to ensure continued compliance.	4/10/26

April 6, 2026

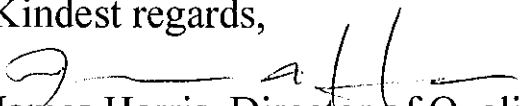
Ms. Latisha Grant
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
N.C. Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Annual survey completed March 11, 2026
Forest Hills Family Care Facility
54 Ripley Road, Cameron, NC 28326
MHL#043-084

Dear Ms. Grant:

See attached hard copy of the plan of correction (POC) for the Forest Hills Family Care Facility's annual survey, completed 3/11/26. 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 of Quality Management