

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2018
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NAME OF PROVIDER OR SUPPLIER ULTIMATE FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3310 NC 210 HWY SMITHFIELD, NC 27577
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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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on November 30, 2018. There was a deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 11/29/18 of the facility's fire and disaster drills record revealed: -There were drills conducted on the following dates: -1/20/18, 2/15/18, 3/15/18, 4/15/18 and 5/15/18 - all 2nd shift fire drills.</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>-1/20/18, 2/15/18, 3/15/18, 4/15/18 and 5/15/18 - all 2nd shift disaster drills.</p> <p>-Fire and disaster drills were conducted between 4pm and 5:30p.m.</p> <p>-Fire and Disaster drills were not conducted at least quarterly on each shift.</p> <p>Interview on 11/29/18 with the Supervisor revealed:</p> <p>-The fire and disaster drills schedule was posted in the office for staff to follow.</p> <p>-Staff #1 reported he conducted drills but failed to document.</p> <p>-Confirmed fire and disaster drills were not conducted at least quarterly on each shift.</p> <p>Interview on 11/30/18 with the Administrator revealed:</p> <p>-She would talk with staff about following the fire and disaster drill schedule.</p> <p>-Confirmed fire and disaster drills were not conducted at least quarterly on each shift.</p>	V 114		