

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-203</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>08/22/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3310 NC 210 HWY SMITHFIELD, NC 27577</b>
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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
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V 000	INITIAL COMMENTS  An annual and follow-up survey was completed on August 22, 2019. Deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness	V 000		
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 8/22/19 at 11:00 a.m. revealed: - The dining room floor was scratch and stripped and the chairs were stained.  Interview on 8/22/19 with the Administrator revealed: -She was renting the use of the facility and unable to change the floors. -The dining room chairs scratches the floor. -She would place a large area rug on the floor to prevent further damage. -The dining room chairs were often cleaned. -She would purchase cushions to put on top of the chairs to prevent further staining.	V 736	<p style="text-align: center;"><b>DHSR - Mental Health</b> <b>SEP 18 2019</b> <b>Lic. &amp; Cert. Section</b></p> <p>A large area rug was placed on the floor. The ft rug was secured with duct tape to prevent further damage.</p> <p>Six new set of dining chairs were procured to replace the old chairs.</p>	<p>9/8/19</p> <p>9/8/19</p>

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Hellen Okoro-Ezume* Administrator

9/17/19

**ULTIMATE FAMILY CARE HOME INC.**

**817 SOUTH SECOND STREET  
SMITHFIELD, NC 27577**

**Phone: (919) 880-3144. Fax: (919) 550-2163**

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September 13, 2019

Dear Ms. Hicks,

Please find attached plan of correction on the MHL-051-203 annual and follow up survey completed on August 22 , 2019. For more questions or any clarifications please call 919-880-3144

Sincerely,

Handwritten signature of Lillian Okoro-Ezuma in black ink, with the date 9/13/19 written to the right of the signature.

Lillian Okoro-Ezuma

Administrator UFCHomes

**DHSR - Mental Health**

**SEP 18 2019**

**Lic. & Cert. Section**



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 26, 2019

Ms. Lillian O. Okoro-Ezuma, Administrator  
Ultimate Family Care Home, Inc.  
817 South Second Street  
Smithfield, NC 27577

Re: Annual and follow-up Survey Completed August 22, 2019  
Ultimate Family Care Home, 3310 NC Highway 210, Smithfield, NC 27577  
MHL # 051-203  
E-mail Address: ultimatehealthcare1@gmail.com

Dear Ms. Okoro-Ezuma:

Thank you for the cooperation and courtesy extended during the annual and follow-up survey completed August 22, 2019.

As a result of the follow-up survey, it was determined that the deficiency is now in compliance, which is reflected on the enclosed Revisit Report. An additional deficiency was cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- All other tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is October 21, 2019.

**What to include in the Plan of Correction**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown, Team Leader at 919-855-3822.

Sincerely,



Frances E. Hicks, MSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org  
DHSRreports@eastpointe.net  
\_DHSR\_Letters@sandhillscenter.org  
Pam Pridgen, Administrative Assistant