

PRINTED: 06/08/2020  
FORM APPROVED

**Division of Health Service Regulation**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL042-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/28/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 PINE RIDGE DRIVE ROANOKE RAPIDS, NC 27870</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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on May 28, 2020. The complaint was unsubstantiated (intake# NC00164757). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disability.</p>	V 000		
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></p> <p><b>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</b></p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p>	V 110		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*JAMES ZONBR BS QP*

*QP*

*06-12-2020*

STATE FORM

6899

PJDH11

If continuation sheet 1 of 7

**RECEIVED**

By DHSR Mental Health Licensure & Certification at 9:16 am, Jun 18, 2020

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V 110	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interviews, one of one staff (#1) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>During interview on 5/19/20 at 4:01pm client #2 reported: -there was only one staff at the home. -staff was disrespectful. -accused him of stealing. -staff ignored him -staff will not have a conversation with him. -he would stay in his room and played on his game to keep his mind off of things. -he was going to talk to his case manager to move out of the home. -he was not happy living at the home and not happy with staff. -he did not trust staff.</p> <p>During interview on 5/19/20 at 4:20pm client #3 reported: -staff yelled in the house. -she does not go to the day program and is in the home all day. -she reported to staff that she felt anxious and had a headache, and staff laughed at her. -staff did not offer her any medication. -staff did not make her a doctor's appointment.</p> <p>During interview on 5/19/20 at 4:30pm staff #1 reported:</p>	V 110	<p>staff has been retrained on the core skills and has demonstrated competences in the areas highlighted to provide services for the population. staff was retrained on clients' rights, with particular emphasis on tone of voice, abuse and neglect. QP encouraged clients to participate in indoor activities with each other as well as with staff. QP will continue to monitor interaction between staff and clients and will utilize individualized supervision plan on a monthly basis and as needed.</p>	06/12/2020
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V 110	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-employed since 11/2019.</li> <li>-she is the house manager.</li> <li>-she has had training to assist clients.</li> <li>-if a client reports they are sick she will take the client's temperature, use Tylenol or if in a lot of pain she will call 911.</li> <li>-she uses a normal tone of voice.</li> </ul> <p>During interview on 5/27/20 at 2:27pm Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>-staff #1 is currently the only staff at the home.</li> <li>-he does visit the home weekly.</li> <li>-he does supervisions with staff monthly.</li> <li>-he is not aware of staff tone of voice since he completed a supervision in regards to tone of voice earlier this year.</li> <li>-client's have not reported any staff concerns or issues.</li> </ul>	V 110		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <ul style="list-style-type: none"> <li>(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.</li> <li>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</li> <li>(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.</li> <li>(d) Each facility shall have basic first aid supplies accessible for use.</li> </ul>	V 114		

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V 114	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete disaster drills quarterly and to have fire drills conducted under conditions that simulate fire emergencies. The findings are:</p> <p>During record review on 5/20/20 fire drills were completed as follow: -4/28/20 at 11:00 am -4/21/20 at 7:40 am -3/29/20 at 11:10 pm -3/23/20 at 3:30 pm -3/7/20 at 7:30 am -2/28/20 at 6:45 am -2/18/20 at 7:30 pm -2/11/20 at 8:30 am -1/25/20 at 6:30 pm -1/15/20 at 4:40 pm -1/2/20 at 7:40 am</p> <p>During the interview on 5/19/20 at 4:01pm client #2 reported he: -was admitted 12/2019 -had not participated in any fire drills at this home. -did not know where to go to meet in case of a fire. -did not participate in any disaster drills. -did know what to do in case of a fire, because he had done drills at another home.</p> <p>During the interview on 5/19/20 at 4:20pm client #3 reported she: -was admitted 4/2020 -has not done any fire drills since she has been at the home. -did know what to do in case of a fire. -did not participate in any disaster drills.</p> <p>During the interview on 5/19/20 at 4:30pm staff</p>	V 114		

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V 114	<p>Continued From page 4</p> <p>#1 reported she: - did fire drills. -is the only staff that completed the drills. -only documented fire drills no disaster drills. -stated clients were present when drills were completed.</p> <p>During interview on 5/27/20 at 2:27pm Qualified Professional reported he: -trained staff on how to complete drills. -is not at the home when the drills are to be completed. -trained the clients on evacuation plans. -fire drills and disaster drills should be completed at least quarterly.</p>	V 114	<p>QP retained staff on simulated fire and disaster drills and the frequency. Clients demonstrated knowledge of meeting points in the event of fire or disaster in the facility. QP will continue to monitor</p>	
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a</p>	V 291	<p>quarterly fire and disaster drills at the facility on monthly basis.</p>	6/2/2020

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V 291	<p>Continued From page 5</p> <p>conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to provide activity opportunities based on the client's choices and needs for 2 of 2 clients (#2 and #3). The findings are:</p> <p>During interview on 5/19/20 at 4:01pm client #2 reported: -there was only one staff at the home. -accused him of stealing. -staff ignored him -staff will not have a conversation with him. -no activities inside the home. -he would stay in his room and play on his game to keep his mind off of things. -he was not happy living at the home.</p> <p>During interview on 5/19/20 at 4:20pm client #3 reported: -there were no in house activities. -she does not go to the day program and is in the home all day. -she would listen to music because there was nothing else to do.</p> <p>During interview on 5/19/20 at 4:30pm staff #1 reported: -employed since 11/2019.</p>	V 291		

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V 291	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-she is the house manager.</li> <li>-she has had training to assist clients.</li> <li>-there no in house activities, because of the pandemic and restrictions on going out.</li> <li>-clients engage in activities of their choice.</li> </ul> <p>During interview on 5/27/20 at 2:27pm Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>-staff #1 is currently the only staff at the home.</li> <li>-he does visit the home weekly.</li> <li>-he does supervisions with staff monthly.</li> <li>-he stated there are no activities due to when clients moved in it was in the mist of the pandemic and travel was limited.</li> </ul>	V 291	<p>Agency has provided various indoor games for the clients to chose from.</p> <p>The process of admission of client #3 into a day program is still in progress, being delayed by the current global health crisis that resulted in limited travel and interaction.</p> <p>QP will continue to follow up with the PSR weekly on the status of the process</p>	6/12/2020

## FAX COVER SHEET

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TO	DHSR HCPR
COMPANY	NCDHHS
FAX NUMBER	19197158078
FROM	James Abe
DATE	2020-06-18 00:06:30 GMT
RE	UFCH RR - ComplaintSurvey

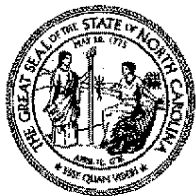
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### COVER MESSAGE

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Plan of Correction





NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

6/09/20

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

Re: Complaint Survey completed 5/28/20  
Ultimate Family Care Home, 212 Pine Ridge Drive, Roanoke Rapids, NC 27870  
MHL # 042-082  
E-mail Address: ultimatehealthcare1@gmail.com  
Intake # NC00164757

Dear Ms. Ezuma:

Thank you for the cooperation and courtesy extended during the complaint survey completed 5/28/20. The complaint was unsubstantiated.

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 deficiencies must be **corrected** within 60 days from the exit of the survey, which is 7/27/20.

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

- 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.***

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/dhr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

6/09/20

Ms. Ezuma

Ultimate Family Care Home, Inc.

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 Renee Kowalski at 919-552-8847.

Sincerely,



Keisha N. Douglas  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: DHR@Alliancebhc.org  
DHRreports@eastpointe.net  
Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO  
Pam Pridgen, Administrative Assistant