Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			X3) DATE SURVEY COMPLETED		
			A. BOILDING.					
		MHL051-192	B. WING		03/1	2/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
ULTIMATE FAMILY CARE HOME, INC 2508 SANDERS ROAD WILLOW SPRINGS, NC 27592								
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE			
V 000	INITIAL COMMENTS		V 000					
	An annual survey w Deficiencies were c	vas completed on 3/12/24. cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.							
		sed for 6 and currently has a urvey sample consisted of clients.						
V 774	27G .0304(d)(7) Mi	nimum Furnishings	V 774					
	10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.							
	failed to ensure that bedroom had mining are:	et as evidenced by: ion and interview, the facility t 2 of 3 client's (#4, #5) num furnishings. The findings						
		4 & #5's bedroom revealed:						

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

(X6) DATE TITLE

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2508 SANDERS ROAD WILLOW SPRINGS, NC 27592 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 774 Continued From page 1 Client #4 did not have a dresser or nightstand in his room O3/12 B. WING B. WING B. WING PREFIX (FACH CODE 2508 SANDERS ROAD WILLOW SPRINGS, NC 27592 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X3) DATE SURVEY COMPLETED								
NAME OF PROVIDER OR SUPPLIER ULTIMATE FAMILY CARE HOME, INC 2508 SANDERS ROAD WILLOW SPRINGS, NC 27592 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 774 Continued From page 1 Client #4 did not have a dresser or nightstand V 774 V 774 STREET ADDRESS, CITY, STATE, ZIP CODE (EACH CORECTIVE ACTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 774 Continued From page 1 V 774	2/2024								
ULTIMATE FAMILY CARE HOME, INC 2508 SANDERS ROAD WILLOW SPRINGS, NC 27592 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 774 Continued From page 1 Client #4 did not have a dresser or nightstand	212024								
Continued From page 1 CX4) ID CIEFCE CIE									
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 774 Continued From page 1 Client #4 did not have a dresser or nightstand	UI TIMATE FAMILY CARE HOME. INC								
V 774 Continued From page 1 V 774 - Client #4 did not have a dresser or nightstand	(X5) COMPLETE DATE								
- Client #4 had a tote against the wall that had clothes in it - Client #5 had a cabinet in his room being used as a closet - Client #5 did not have a dresser or a nightstand Interview on 2/28/24 the Supervisor in Charge (SIC) reported: - She did not know that the clients were supposed to have a dresser even if they had a closet in their room - She would have to speak with the Director about getting dressers or nightstands for the clients Interview on 3/8/24 the Director reported: - She visited the facility every quarter unless something was going on and she needed to visit sooner - She did a walkthrough of the facility when she visited but didn't remember noticing client #4 & client #5 not having a nightstand or dresser - Clients should have had a nightstand - She thought that maybe the nightstand was messed up and was removed and just wasn't replaced - She would just have to replace the nightstands	COMPLETE								

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