

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  <b>R</b> <b>03/12/2024</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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 3/12/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living For Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 ensure fire &amp; disaster drills were repeated on each shift. The findings are:</p> <p>Review on 2/27/24 of the facility's fire and</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>disaster log revealed:</p> <ul style="list-style-type: none"> <li>- fire and disaster drills were not completed on 3rd shift</li> </ul> <p>Interview on 2/27/24 Client #1 reported:</p> <ul style="list-style-type: none"> <li>- He did fire and disaster drills</li> <li>- Fire and disaster drills were done mostly in the morning</li> <li>- Staff never woke him up in the middle of the night to do a fire or disaster drill</li> </ul> <p>Interview on 2/27/24 Client #3 reported:</p> <ul style="list-style-type: none"> <li>- He did fire and disaster drills</li> <li>- Staff never woke him up in the middle of the night to do a fire or disaster drill</li> </ul> <p>Interview on 2/27/24 The Supervisor in Charge (SIC) reported:</p> <ul style="list-style-type: none"> <li>- Staff was responsible for fire and disaster drills but she was responsible for checking behind staff and making sure the fire and disaster drills were completed</li> <li>- She could not remember the last time she checked the fire and disaster drills but would start checking them on a regular basis</li> <li>- Staff had an activity calendar that she created for fire and disaster drills that they were supposed to follow</li> <li>- Stated that shifts for this facility were: <ul style="list-style-type: none"> <li>- 6am - 3pm</li> <li>- 3pm - 11pm</li> <li>- 11pm - 6am</li> </ul> </li> <li>- She posted the schedule and didn't know what else to do to get staff to do the fire and disaster drills on all 3 shifts</li> </ul> <p>Interview on 2/27/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- SIC was responsible for checking to see if drills were completed</li> <li>- There was a schedule posted for staff to</li> </ul>	V 114		

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V 114	Continued From page 2  follow that told them when to complete fire and disaster drills that included doing them on 3rd shift  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		