

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/12/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME- 6</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8936 NC HIGHWAY 96 SOUTH</b> <b>BENSON, NC 27504</b>
---	---

(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, complaint and follow up survey was completed on 3/12/24. The complaint was substantiated (Intake #NC00212029). 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> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 291	<p><b>27G .5603 Supervised Living - Operations</b></p> <p><b>10A NCAC 27G .5603 OPERATIONS</b></p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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 conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have</p>	V 291		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/12/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME- 6</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8936 NC HIGHWAY 96 SOUTH</b> <b>BENSON, NC 27504</b>
---	---

(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 291	<p>Continued From page 1</p> <p>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 coordinate services with other qualified professionals for 1 of 3 audited clients (FC #6). The findings are:</p> <p>Review on 2/29/24 of Former Client (FC) #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 12/4/23</li> <li>- Diagnoses: Schizoaffective Disorder, Bipolar Type and Mild Intellectual Disability</li> <li>- Discharged: 12/22/23</li> </ul> <p>Interview on 2/29/24 Staff #1 reported:</p> <ul style="list-style-type: none"> <li>- The Supervisor In Charge (SIC) took FC #6 to the hospital</li> <li>- She did a lot of "coaching" FC #6 to get in the van to go to the hospital</li> <li>- FC #6 knew why she was going to the hospital because she was requesting to go</li> <li>- The hospital called the facility but she would direct them to the SIC or the Director while FC #6 was in the hospital</li> <li>- She never discussed FC #6 with the hospital</li> </ul> <p>Interview on 2/29/24 the SIC reported:</p> <ul style="list-style-type: none"> <li>- FC #6 kept saying that she wanted to go to the hospital she came from</li> <li>- She took FC #6 to the hospital and waited until they checked her in</li> </ul>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/12/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME- 6</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8936 NC HIGHWAY 96 SOUTH</b> <b>BENSON, NC 27504</b>
---	---

(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 291	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- The Director wanted a meeting with the hospital before FC #6 was discharged back to the facility</li> <li>- She was not sure if the meeting ever took place</li> <li>- As far as she knew, FC #6 was still in the hospital</li> </ul> <p>Interview on 3/6/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- She did not know a lot about FC #6 but she did interview her over the phone while in the hospital for admission</li> <li>- She was told that FC #6 was taken back to the hospital and dropped off by the SIC</li> <li>- She did not do or see a discharge summary for FC #6</li> <li>- She did not know why FC #6 was dropped off at the hospital</li> <li>- She did not speak with the Director at all about FC #6 but she did question it with the SIC because it didn't sound right to her</li> <li>- She couldn't really remember what the SIC's response was, but she thought that it was something dealing with FC #6's insurance</li> </ul> <p>Interview on 3/8/24 &amp; 3/11/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- She didn't have a lot of discharges but they did have a 30 day notice or 60 day notice for Intellectual Disability (ID) facilities and this facility was an ID facility</li> <li>- The process was that they would issue a discharge to the guardian 60 days prior to the discharge and would have that time to look for another placement for care coordination</li> <li>- FC #6 kept saying that she wanted to go back to the hospital where she came from</li> <li>- She gave the SIC permission to take FC #6 back to the hospital</li> </ul>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/12/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME- 6</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8936 NC HIGHWAY 96 SOUTH</b> <b>BENSON, NC 27504</b>
---	---

(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 291	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- SIC told the Director that when they arrived at the hospital, hospital staff was taking FC #6 in the back so the SIC gave the hospital staff the Director's phone number and left</li> <li>- It wasn't true that FC #6 was ready for discharge the same day</li> <li>- She didn't get a call until 2 days later</li> <li>- Her understanding was that the hospital asked her if she was ready to take FC #6 back, not to just come get her</li> <li>- She referred the hospital to the LME/MCO (Local Management Entity/Managed Care Organization) because she was talking to people there</li> <li>- She didn't send out discharge notices because FC #6's discharge was not intentional</li> <li>- The hospital was claiming that there was no coordination between them but the LME/MCO already knew she was willing to work with FC #6</li> <li>- She knew better to let go of a challenge (FC #6) than to keep a challenge and something happened</li> <li>- She didn't go to the hospital for the reassessment because next thing you knew, the hospital was asking for a discharge notice, and she wanted to reassess FC #6 first</li> <li>- The hospital kept pushing for a discharge notice but the Director kept pushing to go to the hospital to reassess FC #6</li> </ul> <p>Interview on 3/6/24 FC #6's guardian reported:</p> <ul style="list-style-type: none"> <li>- The hospital called her and asked her why FC #6 was at the hospital and she told the hospital that she didn't know</li> <li>- After the hospital called her, she tried several times calling the Director and the facility but did not get a response</li> <li>- She never had a meeting with the facility about a discharge or where FC #6 should go for another placement</li> </ul>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/12/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME- 6</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8936 NC HIGHWAY 96 SOUTH</b> <b>BENSON, NC 27504</b>
---	---

(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 291	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- When the hospital called her, that was the first time she knew FC #6 was in the hospital</li> <li>- No one from the facility ever called her to say that they were taking FC #6 to the hospital</li> <li>- She had been talking to the SIC and staff #1 during the time FC #6 was admitted to the facility but when the Director got involved, that's when everything went "haywire"</li> </ul> <p>Interview on 3/6/24 the Hospital Social Worker reported:</p> <ul style="list-style-type: none"> <li>- FC #6 arrived on 12/21/23</li> <li>- When FC #6 was dropped off, the hospital was told that FC #6 was there for SI and then the staff left</li> <li>- After further interviews, there was some financial component as to why the Director did not want FC #6 back</li> <li>- "This home really got ugly with us"</li> <li>- The SIC called the hospital on 12/22/23 and stated that she was not sure if the facility was taking FC #6 back and referred the hospital to the Director and FC #6's guardian</li> <li>- On 1/10/24, the hospital requested a letter of discharge but the Director refused to put the discharge in writing and told them to stop calling her</li> <li>- They never received a discharge from the Director and the Director stopped answering their calls</li> <li>- FC #6 was cleared the same day, 4 hours later, 12/21/23 and was only in the hospital for that length of time because of having nowhere to go and the Director refusing to come back and get her</li> <li>- She, the LME/MCO, and the Department of Social Services had meetings about FC #6 but they couldn't get the group home to participate</li> <li>- She communicated with the LME/MCO through all of this</li> </ul>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>03/12/2024</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME- 6</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8936 NC HIGHWAY 96 SOUTH BENSON, NC 27504</b>
---	---

(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 291	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- Several people tried reaching out to the group home</li> <li>- The hospital had weekly meetings that the facility was not involved in</li> <li>- FC #6 was discharged into another facility on 1/18/24</li> </ul> <p>Interview on 3/11/24 the Care Manager with the Local Management Entity/Managed Care Organization (LME/MCO) reported:</p> <ul style="list-style-type: none"> <li>- They were involved with helping the hospital find placement for FC #6</li> <li>- They did not have any meetings with the group home during the time FC #6 was in the hospital</li> <li>- They had multiple weekly meetings to touch base with hospital staff and FC #6's guardian</li> <li>- The hospital told her that they were trying to reach out to the facility but was told to stop calling</li> <li>- They were trying to figure out what was going on with FC #6 and why she was hospitalized</li> <li>- She was never informed that no one in their county took FC #6's medical insurance</li> <li>- That was part of her role with FC #6 to find resources for the facility to make sure FC #6 received services</li> <li>- The hospital reached out to them as soon as the group home wouldn't respond</li> <li>- It was a team effort with the LME/MCO, the hospital and the guardian and the facility "homeowner" was not involved</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 291		
V 502	<p>27D .0102 Client Rights - Suspension and Expulsion</p> <p>10A NCAC 27D .0102      SUSPENSION AND EXPULSION POLICY</p>	V 502		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/12/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME- 6</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8936 NC HIGHWAY 96 SOUTH BENSON, NC 27504</b>
---	---

(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 502	<p>Continued From page 6</p> <p>(a) Each client shall be free from threat or fear of unwarranted suspension or expulsion from the facility.</p> <p>(b) The governing body shall develop and implement policy for suspension or expelling a client from a service. The policy shall address the criteria to be used for an suspension, expulsion or other discharge not mutually agreed upon and shall establish documentation requirements that include:</p> <p>(1) the specific time and conditions for resuming services following suspension;</p> <p>(2) efforts by staff of the facility to identify an alternative service to meet the client's needs and designation of such service; and</p> <p>(3) the discharge plan, if any.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 of 1 Former Client (FC #6) was free from unwarranted suspension or expulsion from the facility. The findings are:</p> <p>Review on 2/29/24 of Former Client (FC) #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 12/4/23</li> <li>- Diagnoses: Schizoaffective Disorder, Bipolar Type and Mild Intellectual Disability</li> <li>- Discharged: 12/22/23</li> <li>- Progress notes dated 12/15/23 revealed: <ul style="list-style-type: none"> <li>- "[FC #6] had a good first day. She is learning the rules, making friends and said she is excited to be here. She took her meds (medication) and followed other routines."</li> </ul> </li> <li>- Notice of transfer/discharge dated 1/21/24 revealed:</li> </ul>	V 502		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/12/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME- 6</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8936 NC HIGHWAY 96 SOUTH</b> <b>BENSON, NC 27504</b>
---	---

(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 502	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- Date of transfer/discharge: 1/21/24</li> <li>- "[FC #6] went to the hospital and never returned."</li> </ul> <p>Interview on 2/29/24 Client #2 reported:</p> <ul style="list-style-type: none"> <li>- She remembered FC #6</li> <li>- FC #6 was rowdy and talked loud but she got along with staff #1</li> <li>- She never heard FC #6 curse at or threaten the residents or staff</li> </ul> <p>Interview on 2/29/24 the Supervisor in Charge (SIC) reported:</p> <ul style="list-style-type: none"> <li>- She made FC #6 a doctors appointment at the local hospital due to her behaviors but found out that they did not take her medical insurance</li> <li>- They came back to the facility and FC #6 wouldn't get out of the car</li> <li>- FC #6 kept saying that she wanted to go to the hospital that she came from</li> <li>- She took FC #6 to the hospital where she came from and waited until they checked her in and then left</li> <li>- As far as she knew, FC #6 was still in the hospital</li> </ul> <p>Interview on 3/6/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- She was told that FC #6 was taken back to the hospital and dropped off by the SIC</li> <li>- She did not know why FC #6 was dropped off at the hospital</li> <li>- The week that FC #6 was admitted to the facility, she didn't recall FC #6 having any suicidal ideations or behaviors</li> <li>- Usually if something happened, staff had to report it to her and she did not see anything on FC #6</li> </ul> <p>Interview on 3/8/24 &amp; 3/11/24 the Licensee</p>	V 502		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/12/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME- 6</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8936 NC HIGHWAY 96 SOUTH</b> <b>BENSON, NC 27504</b>
---	---

(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 502	<p>Continued From page 8</p> <p>reported:</p> <ul style="list-style-type: none"> <li>- - She was willing to take FC #6 back but she didn't have the resources because the contractors she used in her county didn't take her insurance</li> <li>- Everything that the hospital was supposed to have in place for FC #6 at the facility, was not during her admission</li> <li>- The local hospital was not contracted with FC #6's LME/MCO (Local Management Entity/Managed Care Organization) and that's why they took her to the hospital she was previously in</li> <li>- She could not force FC #6 to stay in her county</li> <li>- She wanted help with medication management because FC #6's behaviors were starting to come out</li> <li>- The facility did not do their homework very well because they shouldn't have taken somebody that didn't have any outside providers that were contracted with FC #6's LME/MCO</li> </ul> <p>Interview on 3/6/24 FC #6's guardian reported:</p> <ul style="list-style-type: none"> <li>- When she first spoke with the Director, the Director told her that she didn't know how FC #6 got to this facility</li> <li>- The Director sent her the paperwork at admission to fill out, consents and rules, but the situation with the hospital happened so fast that she didn't get a chance to fax it back</li> <li>- The Director was upset that FC #6 was at the facility and was talking aggressively to her like it was her fault and saying that she was going to have to come and get FC #6 and this was before the facility took FC #6 to the hospital</li> <li>- The Director told her that FC #6 hadn't come there properly and that's why she needed to come and get her</li> <li>- The Director told her that the workers at the</li> </ul>	V 502		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/12/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME- 6</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8936 NC HIGHWAY 96 SOUTH</b> <b>BENSON, NC 27504</b>
---	---

(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 502	<p>Continued From page 9</p> <p>hospital dropped the ball and she didn't even know how FC #6 got admitted to the facility</p> <p>Interview on 3/6/24 the Hospital Social Worker reported:</p> <ul style="list-style-type: none"> <li>- FC #6 arrived on 12/21/23</li> <li>- FC #6 stated that she didn't know why she was at the hospital</li> <li>- When FC #6 was dropped off, the hospital was told that FC #6 was there for suicidal ideation (SI) and then the staff left</li> <li>- FC #6 reported to the emergency department physician that she was told by the facility to get ready for the doctor's because she was getting her regular medication injection and they took her and left her at the hospital</li> <li>- FC #6 adamantly denied she had SI</li> <li>- After further interviews, there was some financial component as to why the Director did not want FC #6 back</li> <li>- "This home really got ugly with us"</li> <li>- While FC #6 was in the hospital, she did not have any SI, did use any as needed medications, and didn't exhibit any behaviors "zero behaviors"</li> <li>- FC #6 was cleared the same day, 4 hours later, 12/21/23 and was only in the hospital for that length of time because of having nowhere to go and the Director refusing to come back and get her</li> <li>- FC #6 was discharged into another facility on 1/18/24</li> </ul>	V 502		