

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2508 SANDERS ROAD WILLOW SPRINGS, NC 27592</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 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 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 774	<p><b>27G .0304(d)(7) Minimum Furnishings</b></p> <p><b>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</b></p> <p>(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:</p> <p>(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that 2 of 3 client's (#4, #5) bedroom had minimum furnishings. The findings are:</p> <p>Observation on 2/28/24 at approximately 10:30am of client #4 &amp; #5's bedroom revealed:</p>	V 774	<p style="text-align: center;"><b>RECEIVED</b> <b>APR 19 2024</b> <b>DHSR-MH Licensure Sect</b></p>	

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

Lillian Ezuma

Digitally signed by Lillian Ezuma  
DN: cn=Lillian Ezuma, o=Division of Health Service Regulation, email=lillian.ezuma@dhhs.nc.gov

TITLE

Administrator

(X6) DATE

04/15/2024

Division of Health Service Regulation

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V 774	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>- Client #4 did not have a dresser or nightstand in his room</li> <li>- Client #4 had a tote against the wall that had clothes in it</li> <li>- Client #5 had a cabinet in his room being used as a closet</li> <li>- Client #5 did not have a dresser or a nightstand</li> </ul> <p>Interview on 2/28/24 the Supervisor in Charge (SIC) reported:</p> <ul style="list-style-type: none"> <li>- She did not know that the clients were supposed to have a dresser even if they had a closet in their room</li> <li>- She would have to speak with the Director about getting dressers or nightstands for the clients</li> </ul> <p>Interview on 3/8/24 the Director reported:</p> <ul style="list-style-type: none"> <li>- She visited the facility every quarter unless something was going on and she needed to visit sooner</li> <li>- She did a walkthrough of the facility when she visited but didn't remember noticing client #4 &amp; client #5 not having a nightstand or dresser</li> <li>- Clients should have had a nightstand</li> <li>- She thought that maybe the nightstand was messed up and was removed and just wasn't replaced</li> <li>- She would just have to replace the nightstands</li> </ul>	V 774	<p>Missing night stand was replaced in client # a bedroom.</p> <p>Missing night stand was replaced in client #5 bedroom</p> <p>Staff was oriented to report any missing or broken furniture in the house to SIC. Designated staff or SIC will do a walk through of the facility every quarter to ensure compliance.</p>	04\15\24 and on going