STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		7. SSIZSING.			R	
MHL051-192			I =			10/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
ULTIMAT	E FAMILY CARE HOM	AF. INC	NDERS ROAL / SPRINGS, N			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COF	RECTION	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
		w up survey was completed Deficiencies were cited.				
		sed for the following service C 27G .5600A Supervised h Mental Illness.				
		sed for 6 and has a current urvey sample consisted of clients.				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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 the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.					

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

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		MHL051-192	B. WING		03/1	0/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ULTIMAT	E FAMILY CARE HON	AF INC	IDERS ROAD SPRINGS, N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	failed to ensure statin conducting disast disaster drills were	et as evidenced by: view and interview, the facility ff demonstrated competency ter drills and failed to ensure conducted quarterly, on each real emergencies. The				
	Review on 3/3/25 of the facility's disaster drill log revealed: - Disaster drills were documented as conducted quarterly from 3/3/24 to 2/28/25 during morning & evening hours - No disaster drills conducted during sleeping hours - Disaster drills conducted on 2/24/24, 3/27/24 & 5/20/24 didn't specify the type of disaster that was practiced - The House Manager signed the disaster drills forms indicating she conducted the disaster drills Interview on 2/28/25 client #2 reported: - Didn't practice disaster drills in the facility - Used to practice disaster drills in "the other home (sister facility)" - Knew to go outside for a fire and get in a					
	 Practiced disas Knew to go outs closet for a tornado Interview on 2/28/29 Practiced disas Knew to go outs what to do during a 	5 client #3 reported: ter drills in the facility side for a fire and go in a 5 client #4 reported: ter drills in the facility side for a fire but didn't know				

Division of Health Service Regulation

MHL051-192 MHL051-192 STREET ADDRESS, CITY, STATE, ZIP CODE 2508 SANDERS ROAD WILLOW SPRINGS, NC 27592 SUMMARY STATEMENT OF DEFICIENCIES (REACH DEFICIENCY MUST BE PRECEDED BY PLIL) PREETY TAG V 114 Continued From page 2 Only practiced fire drills in the facility Hadn't practiced any disaster drills in the facility - Documented that she practiced disaster drills on the disaster drill form, but she "only did the fire drills" - Didn't know what to do during a tornado - Would have the clients lie down on the floor during a tornado on two conduct fire & disaster drills - Visited the facility at least monthly or twice a week - Was responsible for training House Managers on how to conduct fire & disaster drills - Previously told staff that disaster drills - Previously told staff that disaster drills - Previously told staff that disaster drills - Was responsible for checking the fire & disaster drills - Was responsible for the fire & disaster drills - Previously told staff that disaster drills - Previously told staff that disaster drills - Was responsible for checking the fire & disaster drills - Was responsible for dill & the type of drill conducted - Planned to retrain all of the House Managers on conducting fire & disaster drills - House Managers were supposed to follow a fire & disaster drills when the member of the membe	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2508 SANDERS ROAD WILLOW SPRINGS, NC 27592 [EACH CORNECTIVE ACTION SHOULD BE [EACH CORNECTIVE ACTION SHOU			A. BOILDING.			R	
ULTIMATE FAMILY CARE HOME, INC DAI 10	MHL051-192			l =		1	
CX4 ID SUMMARY STATEMENT OF DEFICIENCIES FROVIDER'S PLAN OF CORRECTION CACHO BEFLICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG FROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION SHOULD BE COMPARED BY FULL FACE OF THE APPROPRIATE DEFICIENCY CACHO SERVICE STOTHE APPROPRIATE DEFICIENCY	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 114 Continued From page 2 - Only practiced fire drills in the facility - Hadn't practiced any disaster drills in the facility - Documented that she practiced disaster drills on the disaster drill form, but she "only did the fire drills" - Didn't know what to do during a tornado - Would have the clients lie down on the floor during a tornado - Would have the clients lie down on the floor during a tornado - Wisted the facility at least monthly or twice a week - Was responsible for training House Managers on how to conduct fire & disaster drills - Mainly focused on trainings on disaster drills - Previously told staff that disaster drills were based on the seasons & reminded them to practice various disaster drills - Was responsible for checking the fire & disaster drill log - Checked the fire & disaster drill where based on the seasons & reminded them to practice various disaster drills were conducted, the length of drill & the type of drill conducted - Planned to retrain all of the House Managers on conducting fire & disaster drills will be a disaster drill of the Scheduler of the Responsible for checking the fire & disaster drills were conducted Planned to retrain all of the House Managers on conducting fire & disaster drills will be a disaster drill schedule - She went over disaster drills with the Home Managers during their monthly meetings - The House Manager informed her on 3/3/25 that she didn't know what to do during a tornado - Planned to train the House Manager on	ULTIMAT	E FAMILY CARE HO	AF INC				
- Only practiced fire drills in the facility - Hadn't practiced any disaster drills in the facility - Documented that she practiced disaster drills on the disaster drill form, but she "only did the fire drills" - Didn't know what to do during a tornado - Would have the clients lie down on the floor during a tornado - Would have the clients lie down on the floor during a tornado Interviews on 3/3/25, 3/4/25 & 3/10/25 the Supervisor In Charge reported: - Visited the facility at least monthly or twice a week - Was responsible for training House Managers on how to conduct fire & disaster drills - Mainly focused on training the House Managers on fire drills - "I can do more trainings on disaster drills" - Previously told staff that disaster drills were based on the seasons & reminded them to practice various disaster drills - Was responsible for checking the fire & disaster drill log - Checked the fire & disaster drill monthly - Checked the fire & disaster drill monthly - Checked the time the drills were conducted, the length of drill & the type of drill conducted - Planned to retrain all of the House Managers on conducting fire & disaster drill schedule - She went over disaster drills with the Home Managers during their monthly meetings - The House Manager informed her on 3/3/25 that she didn't know what to do during a tornado - Planned to train the House Manager on	PREFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETE
Interview on 3/10/25 the Administrator reported: - Visited the facility at least quarterly	V 114	- Only practiced - Hadn't practiced - Hadn't practiced facility - Documented the on the disaster drill drills" - Didn't know when when well the during a tornado Interviews on 3/3/2 Supervisor In Character of the facil week - Was responsibed Managers on how the well the facil week - Was responsibed Managers on fire decension of the season practice various dispractice various dispract	fire drills in the facility d any disaster drills in the sat she practiced disaster drills form, but she "only did the fire at to do during a tornado e clients lie down on the floor 5, 3/4/25 & 3/10/25 the ge reported: ity at least monthly or twice a le for training House o conduct fire & disaster drills on training the House rills trainings on disaster drills were ons & reminded them to easter drills le for checking the fire & the drills were conducted, the type of drill conducted ain all of the House Managers & disaster drills less were supposed to follow a schedule disaster drills with the Home their monthly meetings mager informed her on 3/3/25 what to do during a tornado in the House Manager on drills as soon as possible 5 the Administrator reported:	V 114			

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STATE FORM 8S3011 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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MHL051-192			B. WING		03/	10/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE			
ULTIMA	E FAMILY CARE HON	AF. INC	NDERS ROAD SPRINGS, N				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SI	EACH CORRECTIVE ACTION SHOULD BE COMPLE DATE DEFICIENCY)		
V 114	Continued From pa	ge 3	V 114				
	Supervisor In Charg - The Supervisor for ensuring House conducting fire & di - Was unaware t disaster drill form w	he House Manager signed the rithout conducting the drill he House Manager didn't					
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 had minimum furnis Observation at 11:5 Client #5's bedior dresser	et as evidenced by: on and interview, the facility t 1 of 6 client's (#5) bedroom shings. The findings are: 55am on 3/4/25 revealed: room didn't have a nightstand nes were in a plastic tote that					

Division of Health Service Regulation STATE FORM

FORM 8S3011 If continuation sheet 4 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
MHL051-192			B. WING			R 03/10/2025	
	PROVIDER OR SUPPLIER		2508 SAN	DRESS, CITY, S DERS ROAL SPRINGS, N		•	
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V 774	- She didn't notice nightstand or dress - The Administratensuring the client's furnishings - The Administrater furniture for the fact - Was unaware on ightstand or dress Interview on 3/10/2 - Previously pure bedroom - A former client prior to client #5 motook the dresser with - Was unaware to out of the bedroom - Could not recal the facility	5 the Qualified Profest, and the client #5 didn't has er in his bedroom tor was responsible bedrooms had minuter previously purchality of what happened to er that resided in the boved out of the facility him the former client the when he moved I when the client most chase another dresses stitutes a re-cited described.	ve a for nimum assed client #5's reported: r client #5's pedroom ty and he dresser oved out of ser for	V 774			

Division of Health Service Regulation STATE FORM