

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 03/10/2025
NAME OF PROVIDER OR SUPPLIER ULTIMATE FAMILY CARE HOME, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on March 10, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000			
V 114	27G .0207 Emergency Plans and Supplies 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.	V 114			

RECEIVED

APR 16 2025

DHSR-MH Licensure Sect

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=Ultimate Healthcare Inc. LLC,
email=ultimatehealthcare@gmail.com, c=US
Date: 2025.04.16 11:42:10 -0400

TITLE

Administrator

(X6) DATE

04/16/2025

STATE FORM

6899

8S3011

If continuation sheet 1 of 5

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff demonstrated competency in conducting disaster drills and failed to ensure disaster drills were conducted quarterly, on each shift that simulated real emergencies. The findings are:</p> <p>Review on 3/3/25 of the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> - 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 <p>Interview on 2/28/25 client #2 reported:</p> <ul style="list-style-type: none"> - 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 closet for a tornado <p>Interview on 2/28/25 client #3 reported:</p> <ul style="list-style-type: none"> - Practiced disaster drills in the facility - Knew to go outside for a fire and go in a closet for a tornado <p>Interview on 2/28/25 client #4 reported:</p> <ul style="list-style-type: none"> - Practiced disaster drills in the facility - Knew to go outside for a fire but didn't know what to do during a tornado <p>Interview on 3/3/25 the House Manager reported:</p> <ul style="list-style-type: none"> - Was a live in staff 	V 114	<p>Fire Drills and Disaster plans have been updated and made available for each facility. QP or designated staff will monitor each home participating in one fire drill quarterly. The staff have been inserviced and reminded that they are required to participate and document fire drills/disaster plans quarterly, as well as participate in them on different shifts. QP or designated staff will review this documentation monthly to ensure compliance. QP or designated staff will quarterly discuss with staff and individuals about the disaster drills that they participated in their homes as well as their readiness in the event of an emergency. QP provided staff with a visual and hands on training on correct completion of a fire drill and disaster drill process. QP assisted staff in reviewing the documentation for both drills and checked records to ensure staffs accuracy with completing the drills.</p>	04\08\25

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V 114	<p>Continued From page 2</p> <ul style="list-style-type: none"> - 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 <p>Interviews on 3/3/25, 3/4/25 & 3/10/25 the Supervisor In Charge reported:</p> <ul style="list-style-type: none"> - 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 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 drills - House Managers were supposed to follow a 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 conducting disaster drills as soon as possible <p>Interview on 3/10/25 the Administrator reported:</p> <ul style="list-style-type: none"> - Visited the facility at least quarterly 	V 114		

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V 114	Continued From page 3 - Reviewed documents checked by the Supervisor In Charge & Qualified Professional - The Supervisor In Charge was responsible for ensuring House Managers were trained on conducting fire & disasters - Was unaware the House Manager signed the disaster drill form without conducting the drill - Was unaware the House Manager didn't know what to do during a tornado	V 114		
V 774	27G .0304(d)(7) Minimum Furnishings 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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that 1 of 6 client's (#5) bedroom had minimum furnishings. The findings are: Observation at 11:55am on 3/4/25 revealed: - Client #5's bedroom didn't have a nightstand or dresser - Client #5's clothes were in a plastic tote that	V 774	Individual has been giving a wardrobe closet to put all of his items in. QP or designated staff will check each individuals room to ensure that they have all of their needed furnishings to ensure compliance.	04/08/25

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ULTIMATE FAMILY CARE HOME, INC

**2508 SANDERS ROAD
WILLOW SPRINGS, NC 27592**

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V 774	<p>Continued From page 4</p> <p>was on the floor</p> <p>Interview on 3/10/25 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Visited the facility once a month - She didn't notice client #5 didn't have a nightstand or dresser in his bedroom - The Administrator was responsible for ensuring the client's bedrooms had minimum furnishings - The Administrator previously purchased furniture for the facility - Was unaware of what happened to client #5's nightstand or dresser <p>Interview on 3/10/25 the Administrator reported:</p> <ul style="list-style-type: none"> - Previously purchased a dresser for client #5's bedroom - A former client that resided in the bedroom prior to client #5 moved out of the facility and he took the dresser with him - Was unaware the former client the dresser out of the bedroom when he moved - Could not recall when the client moved out of the facility - Planned to purchase another dresser for client #5's bedroom <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 774		