

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-231</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/08/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME #18</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2510 SANDERS ROAD</b> <b>WILLOW SPRINGS, NC 27592</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 4/8/26. 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 has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 112	<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 develop and implement strategies to address 1 of 3 audited client's needs (#5). The findings are:</p> <p>Review on 3/31/26 client #5 reported:</p> <ul style="list-style-type: none"> <li>- Admitted: 3/14/24</li> <li>- Diagnoses: Major Depressive Disorder, recurrent, severe, Alcohol Use Disorder, mild, Down Syndrome, Seizures, Post Traumatic Stress Disorder, and Disease of Thyroid</li> <li>- Treatment plan dated 11/26/25 revealed:               <ul style="list-style-type: none"> <li>- "...[client #5] will remain in his designated area and avoid walking away when he becomes angry or upset..."</li> </ul> </li> <li>- Didn't contain strategies to address client #5's aggressive behavior and elopement</li> </ul> <p>Interview on 3/31/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- When client #5 ran away, he checked the neighbors and if he didn't find him there, he would call his supervisor</li> <li>- Client #5's behaviors were fighting other clients, threatening staff, and running off</li> </ul> <p>Interview on 3/31/26 the Supervisor in Charge (SIC) reported:</p> <ul style="list-style-type: none"> <li>- Client #5 had a history of elopement</li> <li>- He normally didn't make it out of the yard</li> <li>- If client #5 made it out of the yard, staff would call 911 immediately while keeping eyes on him</li> </ul>	V 112		

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Client #5 could be very combative and would try and fight staff</li> <li>- Client had a 1:1 staff that worked with him and would normally go after him if he eloped on her shift</li> <li>- If the 1:1 staff was not there, staff #1 was to immediately call her and not go after client #5 leaving the other clients unattended</li> </ul> <p>Interview on 4/7/26 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- Was responsible for completing treatment plans</li> <li>- She thought she covered client #5's elopement in his treatment plan</li> <li>- She would need to include the strategies for staff to know what to do when client #5 eloped and became aggressive</li> </ul> <p>Further interview on 4/8/26 the SIC reported:</p> <ul style="list-style-type: none"> <li>- When client #5 left, staff would follow him and give him his space</li> <li>- If client #5 got out of the yard, they immediately called 911</li> <li>- Client #5 had a 1:1 staff that was with him</li> <li>- Client #5 could become very combative and would pick up rocks, throw them and try to hit staff</li> <li>- Client #5 would get violent and whatever he finds in his path while he was walking away, he would pick up and throw it</li> <li>- Sometimes his guardian/cousin, could redirect him and calm him down if they called her</li> <li>- Him attacking people was the reason he was currently in the hospital</li> <li>- She and the QP would need to get together to discuss implementing strategies for client #5's behaviors and elopement</li> </ul> <p>This deficiency constitutes a re-cited deficiency</p>	V 112		

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V 112	Continued From page 3  and must be corrected within 30 days.	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plans 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 the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit 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 and disaster drills were being held at least quarterly and shall be repeated for each shift. The findings are:</p> <p>Review on 3/31/26 of the facility's fire and disaster drill log revealed:</p> <ul style="list-style-type: none"> <li>- Monthly fire drills on all shifts from March 2025 - March 2026</li> <li>- Disaster drills were conducted quarterly and on each shift</li> </ul> <p>Interview on 4/1/26 Client #2 reported:</p>	V 114		

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V 114	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- They did fire and disaster drills "sometimes"</li> <li>- They had never been awakened in the middle of the night to do any drill</li> <li>- They had never done any drill late at night or early in the morning</li> <li>- He was not practicing tornado drills at "home"</li> </ul> <p>Interview on 4/1/26 Client #3 reported:</p> <ul style="list-style-type: none"> <li>- He hadn't done a tornado drill, but they did fire drills</li> <li>- They did a fire drill and staff was going to work on doing a tornado drill</li> <li>- They never woke him up to do any drill</li> <li>- They hadn't done any drills early in the morning</li> <li>- Staff told him to stay away from the windows and get down on his knees in the hall for a tornado drill, but they hadn't practiced it</li> </ul> <p>Interview on 3/27/26 Staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Fire and disaster drills were done monthly</li> <li>- Drills were "fine"</li> <li>- Fire and disaster drills were done on 3rd shift</li> </ul> <p>Interviews on 3/31/26 &amp; 4/8/26 the Supervisor In Charge (SIC) reported:</p> <ul style="list-style-type: none"> <li>- Fire and disaster drills were done monthly</li> <li>- They were done on all shifts 1st, 2nd and 3rd</li> <li>- 1st shift was 8am - 3pm, 2nd shift 4pm - 11pm, 3rd 12am - 6am</li> <li>- They had a meeting/training in January 2026 where they talked about fire and disaster drills and them being done in the middle of the night</li> <li>- She was going to start doing pop ups in the facilities to do the 3rd shift fire and disaster drills</li> </ul> <p>Interview on 4/7/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- She visited the facility at least monthly</li> <li>- She and the SIC were responsible for</li> </ul>	V 114		

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V 114	<p>Continued From page 5</p> <p>checking the fire and disaster drills to make sure they were being done</p> <ul style="list-style-type: none"> <li>- She never actually thought to ask how the fire drills were going</li> <li>- She just made sure they were being done</li> <li>- Two weeks ago, she sat down with all the facilities, and everyone was there and they discussed how to do a tornado drill</li> </ul> <p>Interview on 4/8/26 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- Fire and disaster drills would now fall on management</li> <li>- Even if staff didn't do them, management would do it themselves</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</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</p>	V 291		

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V 291	<p>Continued From page 6</p> <p>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. (d) Program Activities. Each client shall have 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 observation, record review, and interview the facility failed to maintain coordination between facility operator and the qualified professionals who are responsible for the treatment/habilitation affecting 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 3/31/26 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 10/4/23</li> <li>- Diagnoses: Schizophrenia, Mild Intellectual Disability, Hypertension, Sleep Apnea</li> <li>- Physician order dated 10/5/23 revealed:             <ul style="list-style-type: none"> <li>- "...Sleep study ordered to obtain CPAP (Continuous Positive Airway Pressure)..."</li> </ul> </li> <li>- Signed physician order dated 8/12/24 revealed:             <ul style="list-style-type: none"> <li>- Auto CPAP 5-15 cwp with heated humidity and supplies (sleep apnea)</li> </ul> </li> </ul> <p>Observation on 3/31/26 at approximately 12:10pm of client #3's room revealed:</p> <ul style="list-style-type: none"> <li>- CPAP machine on the nightstand</li> <li>- No jugs of distilled water</li> </ul>	V 291		

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V 291	<p>Continued From page 7</p> <p>Interview on 4/7/26 client #3 reported:</p> <ul style="list-style-type: none"> <li>- He used a CPAP machine</li> <li>- Been using it about 2 years</li> <li>- He was supposed to get his water when he got paid</li> <li>- His machine was supposed to use water that starts with a "D" but he couldn't think of the name</li> <li>- The water that he was supposed to use had to be brought from the store</li> <li>- He hadn't brought the water in awhile</li> <li>- He told staff #1 that he needed to buy it, and they told him he needed to wait until he got paid</li> <li>- He had not been using his machine since he hadn't had any water</li> <li>- It's been like 6 weeks now since he used his CPAP machine</li> <li>- He didn't clean his machine</li> <li>- He didn't know how to clean his machine</li> <li>- "I don't think you clean it, do you?"</li> </ul> <p>Interview on 3/31/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- There had not been any distilled water since he had been working in the facility for the CPAP</li> <li>- He saw client #3 putting regular faucet water in the CPAP machine</li> <li>- Client #3 had not asked him for water</li> <li>- He did not know how to clean the CPAP machine</li> <li>- No one had trained him on the CPAP machine</li> <li>- Never saw client #3 clean his CPAP machine</li> </ul> <p>Interview on 3/31/ 26 the Supervisor In Charge (SIC) reported:</p> <ul style="list-style-type: none"> <li>- She was responsible for making sure distilled water was at the facility</li> <li>- She had been asking staff if there was distilled water in the facility and he had been saying yes water was there</li> <li>- She had not checked for water since she had</li> </ul>	V 291		

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V 291	Continued From page 8  been told that there was distilled water there - She visited this facility monthly - She brought water and the last time client #3 asked her for it was January 2026 and she brought 3 gallon jugs of distilled water - She trained the staff when they first started employment with them on the CPAP machine and the type of water that it used	V 291		