ULTIMATE FAMILY CARE HOME INC.
144 Big Pine Road
Clayton, NC 27520
Phone: (919) 880-3144. Fax: (919) 550-2163

March 23, 2016

Dear Suzanna Fay,

Please find attached Plan of Correction on the deficiencies noted during your Construction Section Biennial survey of our facility(FID#110876, FCL 051050) on February 18, 2016.

Please if you have any questions, call 919-880-3144.
Thank you so much.

Sincerely,

Lillian Okoro
Administrator

PRINTED: 03/07/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED
	FCL051050		02/18/2016

NAME OF PROVIDER OR SUPPLIER: ULTIMATE FAMILY CARE HOME # 4

STREET ADDRESS, CITY, STATE, ZIP CODE: 144 BIG PINE ROAD, CLAYTON, NC 27520

(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
C 000	Initial Comments Report by Suzanna Fay and Randy Julian DHSR Construction Section conducted a Biennial Survey on February 18, 2016 from 3:15 PM to 4:15 PM at the above referenced facility. DHSR records indicate the home was first licensed on February 21, 2012 as a Family Care Home for five ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have copies of the current Fire and Sanitation Inspections at the facility. Maintain copies of the current Fire and Sanitation reports at the facility. Provide copies of the most recent Fire and Sanitation Inspection reports to DHSR/Construction Section with your signed Plan of Corrections.	C 117	Copies of current fire inspection and Sanitation reports are now displayed at the facility	03/23/16

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 03/23/16

STATE FORM 6899 6WTH21 If continuation sheet 1 of 4

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C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1. Observations revealed that the kitchen exit door hardware was not single action. Have a qualified technician replace the door hardware with single action hardware. Provide documentation of the correction in the form of receipts or work orders.	C 147	Kitchen exit door now has a single motion action	03/23/16
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Observations revealed that the floor was torn at the threshold between the kitchen and Staff Bedroom. Have a qualified technician repair the floor. Provide documentation of the repairs in the form of photos, receipts or work orders.	C 152	The floor that was torn at the threshold between kitchen and staff bedroom have been repaired	03/23/16
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING	C 174		

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C 174	Continued From page 2	C 174		
	10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.			
	This Rule is not met as evidenced by: 1. Observations revealed nails popping up on the handrails and ramp surface which could cause injury. Hammer the nails back to provide a smooth and level surface. Provide documentation of the repairs in the form of photos or work orders.		The nails have been properly nailed back and the surface is now leveled.	03/23/16
	2. Observations revealed that the globe was missing from the front porch light fixture. Install a globe. Provide documentation of the repairs in the form of photos or receipts.		A new globe has been installed	03/23/16
	3. Observations revealed that the exterior GFCI outlet to the right of the back deck was tripped and would not reset. Have a qualified technician repair or replace the outlet. Provide documentation of the repairs in the form of receipts or work orders.		The GFCI outlet has been replaced and its working properly.	03/23/16
	4. Observations revealed that the bulb had melted the plastic finish on the exterior light fixture at the back exit. Have a qualified technician repair the fixture and install a properly fitting bulb to prevent future damage. Provide documentation of the repairs in the form of photos, receipts or work orders.		A new fitting bulb has been installed	03/23/16
	5. Observations revealed that the grease filter in the kitchen exhaust had an accumulation of grease. Clean the filter. Provide documentation		The filter has been replaced	03/23/16

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C 174	Continued From page 3 of the repairs in the form of photos. 6. Observations revealed oxygen tanks stored in the Staff room and in Bedroom 1. Oxygen tanks should be placed in secure storage bins to prevent the tanks from tipping or falling over. Provide documentation of the repairs in the form of photos. 7. Observations revealed a broken chair and a loose board at the back of the facility. Remove the trash. Provide documentation of the repairs in the form of photos.	C 174	Oxygen tanks are now properly secured in a storage bin.	03/23/16
			The broken chair and a loose board have been removed	03/23/16

NC. Department of Environmental and Natural Resources
Division of Environmental Health

INSPECTION OF RESIDENTIAL CARE FACILITY
(For facilities, as defined, with not more than 12 residents)

Demerit Score: 2
Date of Insp/Chg: 10/08/2015
Status Code: A

Health Department: JOHNSTON
Current Facility ID: 04051430277
Old Facility ID:

Water Supply	☒ Community	☐ Non-Transient Non-Community	**Water sample taken?** ☐ Yes ☒ No	
	☐ Transient Non-Community	☐ Non-Public Water Supply	☒ Inspection	☐ Name Change
			☐ Visit	☐ Status Change
Wastewater	☐ Community	☒ On-Site System	☐ Re-Inspection	☐ Verification of Closure

Name of Establishment: Hillcrest II
Location Address: 144 Big Pine Rd.
City: CLAYTON **State:** NC **Zip:** 27520

Permittee: Ultimate Family Care Home, INC
Number of Residents: 5
Mailing Addr: 144 Big Pine Rd
City: Clayton **State:** NC **Zip:** 27520

☒ Approved (20 or less demerits, and no 6-point deductions)
☐ Provisional (More than 20, but 40 or less demerits, or a 6-point demerit)
☐ Family Foster Home (Only items 1 and 2 apply)
☐ Disapproved (More than 40 demerits or failure to improve provisional classification)

		Demerits
1	**WATER SUPPLY: Public supply; private supply approved 6 ( )**	
2	**LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 ( )**	
3	**FOOD SUPPLIES AND PROTECTION: Supplies: All food clean, wholesome, no spoilage 6; Protection: Adequate during storage, preparation and serving, potentially hazardous food 45? F or below, or 140? F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 ( )**	
4	**FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6; disposable items properly stored and handled, used only once 2 ( )**	
5	FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 ( )	
6	DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 ( )	
7	HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 ( )	
8	TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 ( )	
9	BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 ( )	
10	STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 ( )	
11	FLOORS: In good repair 1; kept clean 2 ( )	
12	WALLS AND CEILINGS: In good repair 1; kept clean 2 ( )	
13	LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean (2) ( )	2
14	VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 ( )	0
15	SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 ( )	
	TOTAL DEMERIT SCORE	2

COMMENTS

13. Clean dusty ceiling fans in bedrooms.

14. Take measures to control fire ants in the back yard.

General Comments:
Nice Home

Inspection By: Aric Ashby **EHS ID#:** 1925

Report received by:

DENR 2094 (Revised 11/01)
Environmental Health Services Section (Review 11/04)

Inspection Notice

County of Johnston
Inspection Department

919-989-5060

- ❑ New
- ❑ Building
- ❑ Electrical
- ❑ Plumbing
- ❑ Existing
- ❑ HTG. & A/C
- ❑ Mobile Home
- ❑ Energy

Owner _____
Address _____
An Inspection was Made _____

The Following Conditions Need Correcting:

_____
_____
_____
_____
_____
_____
_____

Inspector _____

Do Not Remove This Notice

Pick up/Exchange Ticket

Smithfield Store
631 N. Brightleaf Blvd
Smithfield, NC 27577-4408
(919)938-1991

Date: 2/24/2016
Order: 132778
Customer ID: 163000
Document ID: 1|638|4099485

Patient MCCARTY, MERETTA F
Bill To: 144 BIG PINE ROAD
CLAYTON, NC 27520
(919)585-6195

Pickup/Exchange Address: 144 BIG PINE ROAD
CLAYTON, NC 27520
(919)585-6195
(M)

Comments or Special Instructions
CALL TO ARRANGE PU OF O2 EQUIPMENT. THANKS.

Pickup/Exchange Date	CSR	BRANCH	WAREHOUSE
02/19/2016 00:00	Kent	Smithfield Store	Smithfield

QTY	TYPE	ITEM	INVOICE	BILLED
1	Pickup	K0738, HOMEFILL SYSTEM COMPRESSOR INVACARE CORP K0738 05I305589		
1	Pickup	O2 Bag, O2 Tank Bag		
1	Pickup	IOH260, Homefill Ready Rack Invacare IOH260		
2	Pickup	TANK ML6, TANK ML6		
1	Pickup	TANK M, TANK M		

Customer Copy

1|638|4099485

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QTY	TYPE	ITEM	INVOICE	BILLED
1	Pickup	O2 Regulator - M & H, O2 Regulator - M & H		
1	Pickup	O2 Tank Stand M/H, O2 Tank Stand M/H		
1	Pickup	E1390, CONCENTRATOR, OXYGEN 10CF048845		
		Total		

Beneficiary (or Parent/Guardian/Representative) _____ Relationship of Beneficiary (if Applicable) _____ Technician Initials _____

Date _____

Customer Copy

1|638|4099485