

# ULTIMATE FAMILY CARE HOME

817 South Second Street

Smithfield, NC 27577

*Phone: 919-880-3144, 919-550-2163*

## Facsimile Transmittal

ATTN: Suzanne Fey

FAX#: 919 733 6592

DATE: 5/13/16

REF: Survey follow-up

FROM: LILLIAN OKORO

PAGES, including cover sheet: 4

Comments: \_\_\_\_\_

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Urgent  Reply ASAP  Please Comment

Please Review  Per your request  For your Information

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

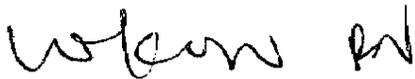
May 13, 2016

Dear Suzanna Fay,

Please find attached Plan of Correction on the deficiencies noted during your Construction Section Biennial survey follow up of our facility (FID#110876, FCL 051050 ) on April 06, 2016.

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

Sincerely,



Lillian Okoro  
Administrator

PRINTED: 05/04/2016  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL051050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/06/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ULTIMATE FAMILY CARE HOME # 4</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>144 BIG PINE ROAD CLAYTON, NC 27520</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
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{C 000}	Initial Comments  Report by Suzanna Fay  DHSR Construction Section conducted a Biennial Follow-up Survey on April 6, 2016 from 12:38 PM to 1:25 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required.  The remaining deficiencies are as follows:	{C 000}		
{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.  04/06/2016: Observations revealed that the floor had not been repaired. Have a qualified technician repair the floor. Provide documentation in the form of photos, receipts or work orders.	{C 152}		
{C 174}	Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical,	{C 174}	Floor has been repaired and pictures emailed to your Agency already	5/13/16

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X6) DATE *5/13/16*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL051050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/06/2016</b>
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{C 174}	<p>Continued From page 1</p> <p>mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>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.</p> <p>04/06/2016: SF-At the time of this survey, the chair and board were still at the back of the facility. Staff moved the items to the trash cans so they could be put out with the trash. Therefore, no response is required for this citation.</p>	{C 174}		
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