STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051038	A. BUILDING: **01** B. WING _____	**03/18/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ULTIMATE FAMILY CARE HOME	**817 SOUTH SECOND STREET SMITHFIELD, NC 27577**

(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 Tommy Clifton DHSR Construction Section conducted a Biennial Survey on March 18, 2015 at the above referenced facility. DHSR records indicate the home was first licensed on July 09, 2008 as Family Care Home for six 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 2006 Edition of the North Carolina State Building Code - Section 421.2 - Residential Care Facilities 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: There is not a copy of the Sanitation report at the home. Provide our office a copy of the current Sanitation report.	C 117		
C 174	Building Equipment Maintained Safe, Operating	C 174		

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C 174	Continued From page 1 SECTION .0300 - THE BUILDING 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) The smoke detector in bedroom #1 bed #1 did not actuate the other smoke detectors in the home when tested. Have a qualified person repair or replace the smoke detector to be interconnected with all smoke detectors in the home. Provide our office a copy of the receipt when the work is completed. (2) The staff bedroom does not have a smoke detector in the bedroom. Have a qualified person install a smoke detector and interconnect with all smoke detectors in the home. Provide our office a copy of the receipt when the work is completed. (3) Bedroom#1(bed #1) does not have a smoke detector outside the bedroom. Have a qualified person install a smoke detector and interconnect with all smoke detectors in the home. Provide our office a copy of the receipt when the work is completed. (4) The kitchen range hood light does not work. Have a qualified person repair or replace the light in the range hood. Provide our office a copy of the receipt when the work is completed.	C 174		

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C 174	Continued From page 2 (5) The clothes dryer is not vented to the outside. Have a qualified person vent the clothes dryer to the outside. Provide our office a copy of the receipt when the work is completed. (6) The gutters have paint popping off. Have a qualified person scrape and paint the gutters. Provide our office a copy of the receipt when the work is completed. (7) The ceiling in bedroom #2 and the living room texture celling is popping off from previous leaking roof. Have a qualified person repair the ceilings in both rooms. Provide our office a copy of the receipt when the work is completed.	C 174		