PRINTED: 04/22/2015
FORM APPROVED

Division of Health Service Regulation

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	CONSTRUCTION SECTION MAY 20 2015 RECEIVED	
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	See attached 5/20/15	
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.	C 174	completed	5/20/15
	(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.		completed/installed	5/20/15
	(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.		completed/installed	5/20/15
	(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.		replaced	5/20/15

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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	The dryer is vented to the outside The gutters have been scraped The celling have been repaired	5/20/15 5/20/15 5/20/15

Inspection of Residential Care Facility

NC Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF RESIDENTIAL CARE FACILITY
(For facilities, as defined, with six or more (6) residents)

Demerit Score: 2
Date of Insp/Chg: 09/09/2014
Status Code: A

Health Department: Johnston
Current Facility ID: 04051430251
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: ULTIMATE FAMILY CARE HOME
Location Address: 817 S SECOND ST
City: SMITHFIELD State: NC Zip: 27577

Permittee: ULTIMATE FAMILY CARE HOME INC
Number of Residents: 0
Mailing Addr:
City: State: Zip:

☒ 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	COMMENTS
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 ( )**		8. Replace face plates in shower of blue restroom.
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 ( )	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 ( )		
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 ( )		
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	

Inspection By: Dana Bennett-Person Dana B Person REHS EHS ID#: 1594

Report received by:

DEHS 2094 (Revised 11/04)
Environmental Health Services Section (Revised 11/04)