ULTIMATE FAMILY CARE HOME INC.

817 SOUTH SECOND STREET
SMITHFIELD, NC 27577
Phone: (919) 880-3144. Fax: (919) 550-2163

March 22, 2018,

Dear Mr. Greg Williams,

Please find attached Plan of Correction on the FCL 051-038 Biennial Construction Survey conducted on March 13, 2018. For more questions or any clarifications, call 919-880-3144

Sincerely,

Lillian Okoro-Ezuma
Administrator UFCH
919-880-3144

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 _____	03/13/2018

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 Greg Williams DHSR Construction Section conducted a Biennial Survey on March 13, 2018 from 2:00 PM to 3:15 PM at the above referenced facility. DHSR records indicate the home was first licensed on August 9, 2008 as a Family Care Home for six ambulatory Residents (who are able to respond and evacuate 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 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 148	Outside Entrances/Exits-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that a latch type lock was mounted on the side screen door leading out of the kitchen onto the carport. This rule requires unobstructed exit doors in the case of an emergency.	C 148	The latch type lock mounted on the side screen door leading out of the kitchen onto the carport has been removed.	3/22/18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Lokoro — Administrator — 3/22/18

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 _____	03/13/2018

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 174	Continued From page 1	C 174		
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, 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. At the time of the survey it was observed that the dryers exhaust duct was crimped which restricts the removal of exhaust air. This rule requires the mechanical equipment to be maintained in a safe and operating condition.	C 174	The dryers exhaust duct was straightened out, it is no longer crimped. 3/23/18	
C 177	Building Service Equipment-Hot Water SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the hot water temperature throughout the facility was 125 degrees Fahrenheit and the water heater was turned down at the time of the survey.	C 177	The hot water was adjusted and the hot water temperature is within normal	

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 _____	03/13/2018

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 177	Continued From page 2 This Rule requires the hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees Fahrenheit and shall not exceed 116 degrees Fahrenheit. * Attached is a hot water temperature form. Record hot water temperatures (3) three times a day for (3) three consecutive days and return to DHSR Construction Section. * For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc. All deficiencies listed above were discussed with on-site staff during the exit interview.	C 177	range. the Administrator re trained staff on how to adjust the hot water Equipment. See attached recordings as requested	03/22/18

Hot Water Temp Record

Name of Facility Ultimate Family Care Home FID #080465

Surveyor Greg Williams

Date	Reading Location	Temperature	Signature	Print Names	Comments
3/16/18	Kitchen	107°	Dana Williams	Dana Williams	9 am
3/16/18	Bathroom #1	103°	Dana Williams	Dana Williams	3 pm
3/16/18	Bathroom #2	101°	Dana Williams	Dana Williams	9 pm
3/17/18	Kitchen	108°	Dana Williams	Dana Williams	6 am
3/17/18	Bathroom #1	110°	Dana Williams	Dana Williams	2 pm
3/17/18	Bathroom #2	106°	Dana Williams	Dana Williams	7 pm
3/18/18	Kitchen	106°	Dana Williams	Dana Williams	6 am
3/18/18	Bathroom #1	103°	Dana Williams	Dana Williams	3 pm
3/18/18	Bathroom #2	106°	Dana Williams	Dana Williams	9 pm

Hot Water Temp – 100 – 116 Deg

Recommend Record Temp once/week

Maintain this log of hot water temperatures showing measurements made three times a day for three consecutive days

Return completed log to:

Division of Health Service Regulation
Construction Section
2705 Mail Service Center
Raleigh NC 27699

Fax Number 919-733-6592

Attention:_____

ULTIMATE FAMILY CARE HOME INC.
817 South Second Street, Smithfield NC 27577
HOT WATER TEMPERATURE RECORD
Hot Water Temp: 100 degrees F – 116 degrees F

Date	Reading Location	Water Temperature Reading	Signature	Comments
2.15.18	Kitchen	113°	Dana Zeller	
3.6.18	Bathroom	1160	Dana Zeller	
3.16.18 3.16.18 3.16.18	Kitchen Bathroom1 Bathroom2	107° 103° 101°	Dana Zeller D. Zeller D. Zeller	8 am 3pm 9pm
3.17.18 3.17.18 3.17.18	Bathroom Kitchen Bathroom	110° 108° 106	D. Zeller D. Zeller D. Zeller	6 am 2 pm 7pm
3.18.18 3.18.18 3.18.18	Bathroom 2 Bathroom1 Kitchen	111 103° 106	D. Zeller D. Zeller D. Zeller	6 am 3 pm 9 pm
3.19.18 3.19.18 3.19.18	Bathroom1 Bathroom 2 Kitchen	1050 104° 109°	D. Zeller D. Zeller D. Zeller	8AM 1 pm 10pm