ULTIMATE FAMILY CARE HOME INC.

817 SOUTH SECOND STREET
SMITHFIELD, NC 27577
Phone: (919) 880-3144. Fax: (919) 300-1884

March 15, 2024

Hello,

Please see attached plan of correction for the deficiencies noted from the Construction section Biennial follow up survey conducted on February 13, 2024 at our facility with FID# 080458

Please feel free to email or call me at 919-880-3144 with any questions.

Sincerely,

Lillian Ezuma
Administrator
Ultimate Family Care Home Inc.

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NC DHSR Section Chief Jeff Harms,

REQUESTING POC EQIVALENCY | WAIVER

We wish to request for an equivalency or waiver to a construction requirement that all the doors in the bathrooms, living room, bedroom, kitchen or dining room shall measure at least 30 inches. The facility was cited for the 2-bathroom doors that measures 24 inches and not 30 inches. C113

Our facility Ultimate family Care Home, located at 817 South Second Street, Smithfield, NC 27577. FID # 080458 was licensed August 9, 2008 for 6 residents.

We are requesting for this rule to be waived since this facility was licensed since 2008. The current bathroom has no space for the facility to extend the door to 30 inches. The current residents at the facility are all ambulatory and do not require wheel chair or walker. They residents mobilize freely and safely with no assistance or assistive device. We understand that if any of the resident's transition to use of wheel chair or walker, the facility will transfer to other sister facilities or discharge to another facility that will meet that need for safety.

We will appreciate your approval to this request. Our facility has recorded safety practices and adherence to regulatory rules.

Sincerely,

Lillian Ezuma
Administrator
Ultimate Family Care Home Inc.

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 _____	R 02/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{C 000}	Initial Comments Report by Jonathan Gamsey DHSR Construction Section conducted a Biennial Follow-up Survey on February 13, 2024 from 11:15 AM to 12:05 PM at the above referenced facility. At the time of the survey not all deficiencies were corrected therefore further action is required. Additional deficiencies were also observed. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from previous survey. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	{C 000}		
{C 113}	Construction-Door Width SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (j) The door width shall be a minimum of two feet and six inches in the kitchen, dining room, living rooms, bedrooms and bathrooms. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that all of the bathroom door widths are measuring at 24 inches. This is not compliant with the rule.	{C 113}	Please see attached Request for Equvalency waiver letter.	

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{C 113}	Continued From page 1 Take the necessary steps to widen the door widths to a minimum of 30 inches. *This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.	{C 113}		
C 116	Construction-Meet Sanitary Requirements SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (m) The building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the most recent fire and sanitation inspection reports were not on site and available for review. This is not compliant with the rule. Take the necessary steps to provide the reports for review. Copies of said reports are to be kept on-site for periodic review by both MHL Licensure and DHSR construction sections.	C 116	The current fire and sanitation reports was displayed after the citation. We also attached the current reports to this POC	3\15\24
{C 146}	Outside Entrances/Exits-Ramp(s) SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance	{C 146}		

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{C 146}	Continued From page 2 with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the ramp railing does not extend to the end of the ramp. This is not compliant with the rule. Take the necessary steps to ensure that the railing is extended to the end of the ramp.	{C 146}	The facility has made arrangement with appropriate contarctor that will assist with extending the exisiting ramp railings to the end of the ramp.	04\30\24
{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: 9. At the time of the survey it was observed that there were combustible items being stored in the attic. This is not compliant with the rule. Take the necessary steps to remove all of the combustible storage items from the attic. *This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency. 14. At the time of the survey it was observed that the gate for the fence in loose and falling off the hinges. This is not compliant with the rule. Take the necessary steps to repair the gate. *This deficiency was previously cited during	{C 174}	The facility has removed the combustible items that were stored in the attic. The facility has engaged with contractor that will repair the gate for the fence.	03\15\24 04\30\24

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{C 174}	Continued From page 3 our 2023 biennial survey and action hasn't been taken to address the deficiency. *New Deficiencies * 15.) At the time of the survey, it was observed that in front of the kitchen sink, multiple tile cracks have spider-webbed to over 8 tiles. This could potentially lead to a tripping hazard. This is not compliant with the rule. Take the necessary steps to find the root cause and repair and replace the tiles.	{C 174}	The facility has enaggaed with contractor that will repalce the cracked titles in front of the kitchen sink.	04\30\24
	16.) At the time of the survey, it was observed that the kitchen outlets were labeled GFCI and not working as intended. This is not compliant with the rule. Take the necessary steps to find the root cause and repair and or replace it.		The kitchen outlets will be repaired to function properly as GFCI	04\30\24
	17.) At the time of the survey, it was observed that the first bedroom on the right had a cracked window. This is not compliant with the rule. Take the necessary steps to repair and or replace.		The cracked window in the first bedroom on the right will be replaced to ensure compliance.	04\30\24
	18.) At the time of the survey, it was observed that the hallway bathroom had a loose toilet at the base causing a potential for leaks to happen and also for residents to be injured when using the facilities. This is not compliant with the rule. Take the necessary steps to secure the toilets to prevent any leaks or possible injuries.		The loose toilet at the hallway bathroom will be retightened and secured properly to prevent leaks from occuring and causing harm to residents.	03\15\24
	19.) At the time of the survey, it was observed that the mechanical ventilation in the hallway bathroom was not working as intended. This is not compliant with the rule. Take the necessary steps to repair and or replace.		The mechanical ventialtion in the hallway bathroom will be repaired to function properly as intended.	04\30\24
	20.) At the time of the survey, it was observed that multiple bulbs were not working in the			

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{C 174}	Continued From page 4 hallway bathroom. This is not compliant with the rule. Take the necessary steps to replace bulbs that no longer work.	{C 174}	The facility replaced the non working bulbs	03\15\24
	21.) At the time of the survey, it was observed that the Jack and Jill bathroom Doorknob is too small and could potentially affect the privacy of the residents. This is not compliant with the rule. Take the necessary steps to alter the door and or replace the doorknob.		The facility will replace the doorknob at the door of the Jack and Jill bathroom	4\30\24
	22.) At the time of the survey, it was observed that multiple door jams in the facility had chipping paint, this is not compliant with the rule. Take the necessary steps to prep and paint the door jams.		The facility will paint all the mutilple doors that have chpping paint on them.	4\30\24
	23.) At the time of the survey, it was observed that the hallway light fixture had an open socket. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to ensure all open sockets have a bulb in them.		Light bulb was used to close out the open socket on the hallway light fixture.	03\15\24
	24.) At the time of the survey, it was observed that the laundry room light fixture was missing a globe. This is not compliant with the rule. Take the necessary steps to replace the globe.		The missing globe at the laundry room light fixture was replaced.	03\15\24
	25.) At the time of the survey, it was observed that the laundry room ceiling had ceiling damage. This is not compliant with the rule. Take the necessary steps to find the root cause properly repair the patch and paint the ceiling.		The ceiling damage at the laundry room ceiling will be patched and repainted.	04\30\24
	26.) At the time of the survey, At the time of the survey, it was observed that the bedroom left of the hallway bathroom had a cracked outlet. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to replace the outlet cover.		The cracked outlet at the bedroom left of the hallway bathroom will be replaced with a new outlet cover.	3\15\24

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{C 174}	Continued From page 5 27.) At the time of the survey, it was observed that the ceiling fan in the last bedroom in the hallway had a fan that was not working as intended, and the blades were disfigured. This is not compliant with the rule. Take the necessary steps to repair and or replace.	{C 174}	The ceiling fan in the last bedroom will be replaced to ensure resident safety and compliance.	4\30\24
	28.) At the time of the survey, it was observed that the HVAC return vents have rust and dust on them. This is not compliant with the rule. Take the necessary steps to properly clean the paint and or replace it.		The HVAC return vents will be cleaned out to remove the rust and dust to ensure compliance.	4\30\24
	29.) At the time of the survey, it was observed that the staff bedroom that leads into the kitchen had cracked tiles and no transition strip between the two rooms. This is not compliant with the rule. Take the necessary steps to repair and or replace tiles and install a transition strip.		The cracked titles in the staff bedroom will be replaced and transition strip will be placed.	4\30\24
{C 180}	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (j) This Rule shall apply to new and existing family care homes.	{C 180}	The call system will be installed in all the bedrooms.	4\30\24

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{C 180}	Continued From page 6 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there were no call switches for the call system in the rear bedroom or the bedroom off of the foyer. The call switch for the front right bedroom was not working and was not within reach of the resident from the bed. This is not compliant with the rule. Take the necessary steps to provide the proper call switches in all of the bedrooms and ensure that the switches are within reach of the residents while they are in their beds as well as ensure they are in working order. *At the time of the survey, call button box was unplugged and not in use. When plugged in the only call buttons that activated were in the bedroom at the end of the hallway.	{C 180}		
C 184	Outside Premises-Fence SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (b) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or be hazardous. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the facility no longer has a working gate in the rear of the yard, this could potentially be an impediment to egress in an emergency situation. This is not compliant with the rule. Take the necessary steps to submit plans to DHSR on how the facility will alter said fence to give two remote exits, not including the rear door to said backyard.	C 184	The facility will fix the fence gate to work properly.	04\30\24