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 _____	R 03/26/2025

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 Jonathan Gamsey DHSR Construction Section conducted a Biennial Follow-up Survey on March 26, 2025 from 09:54 AM to 10:10 AM at the above referenced facility. At the time of the survey not all deficiencies were corrected therefore further action is required. 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. Take the necessary steps to widen the door widths to a minimum of 30 inches.	{C 113}	Please see attached request Equvalency Waiver letter, Ist request dated 03\15\24 2nd request dated 10\30\24 3rd request dated 04\16\25	04\16\25 and on going

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — Lillian Ezuma — TITLE: Administrator — (X6) DATE: 04\16\25

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{C 113}	Continued From page 1 *This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.	{C 113}	Our facility is not sure what kind of action you want us to take. The facility was licensed 2009 as at that time, the issue was not cited. In 2023 Engr. Jonathan Gamsey citied our facility. We reached out to him and the equivalancy waiver letter was initaited. We are not sure why he commented on the SOD that the facility hasn't taken any action to address the deficiency. See attached all the equivalency waiver letter and as of date no one has responded.	
{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 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. This deficiency was previously cited during our 2024 biennial follow up survey and action hasn't been taken to address the deficiency.	{C 174}	The GFCI was replaced by installing a new stand alone GFCI outlet 4/5/25 Designated staff will minitor quarterly to ensure complaince.	
{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	{C 180}	Staff bedroom is in the middle of all the resident rooms. It is located where she can reach to all the resident rooms. The facility will take extra action to install a call bell system that can be activated with a single action and remain on until deactivated by staff. Designated staff will monitor quarterly to ensure compliance.	05\31\25 and on going

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{C 180}	Continued From page 2 activator shall be within reach of resident lying on his bed. (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 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. -Note : call system has been installed; however, it does not fulfill the requirements of the rule. Please take the necessary steps to ensure that devices can be activated and deactivated in the bedroom where they were activated. Additionally, disable the off button in the staff bedroom.	{C 180}		