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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION		DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED			
		MHL091-087	B. WING		12/1	3/2019		
NAME OF P	ROVIDER OR SUPPLIER		RESS CITY STA	TE ZIP CODE	1 12/1	3/2013		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  270 CHARLES STREET							
ESTHER'S	SPLACE		ON, NC 27536					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000					
		up survey was completed 9. Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.							
V 114	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.		V 114					
	failed to ensure disas quarterly on each shift During an interview o Professional (QP) rep Weekdays 8: 00 4: 00pm	ew and interview, the facility ter drills were conducted ft. The findings are:  n 12/12/2019, the Qualified ported the shifts were:						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		R	
MHL091-087		MHL091-087	B. WING		12/13/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ESTHER'S	S PLACE		ES STREET			
	Г		ON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLE'  DATE		COMPLETE
V 114	Continued From page 1		V 114			
	revealed	ere to help them with safety.  n 12/12/19, the QP reported: e confusion about how often do disaster drills y learned the requirements rills were the same ediately help create a he standards  tutes a re-cited deficiency				
V 736	10A NCAC 27G .0303 EXTERIOR REQUIRI (c) Each facility and it maintained in a safe,	EMENTS	V 736			

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			COMPLETE	D		
		MHL091-087	B. WING	B WING		0040		
		MINE091-067			12/13/2	1019		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE				
FOTUEDIO	270 CHARLES STREET							
ESTHER'S	PLACE	HENDEF	SON, NC 27536					
(X4) ID	) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT					(X5)		
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE	DATE		
				- ,				
V 736	Continued From page 2		V 736					
	Observation on 12/12	2/19, beginning at 11:11am						
	revealed:	2713, beginning at 11.11am						
		nandles on many of the						
	kitchen cabinets	and the continuity of the						
	- no knobs on the	e stove						
	- bathroom sink on first floor had cracked,							
	broken hot water han	dle						
	- rusty vents							
	<ul> <li>no toilet paper</li> </ul>							
		ad three full baskets of dirty						
	laundry (client #6) and no blanket							
	- upstairs 2 bathrooms had no soap, toilet							
	paper or hand towels							
	- fixtures in bathrooms were rusty							
	- paint on doors was cracked and peeling							
	- the tile over the sink in one bathroom was chipped/cracked  - flooring was peeling, cracked and dirty in both bathrooms  - window blinds in every bedroom had cracked or missing slats  - the banister coming down the stairs was loose  - no cover on the thermostat at the bottom of							
	the stairs							
		n 12/12/19, the Qualified						
		I she would make sure the						
		these issues. She stated						
	•	s with the owner of the						
	property making repa	irs in a timely manner.						
	This deficiency const	itutes a re-cited deficiency						
	This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.							
	and must be confecte	a within 50 days.						
			1	1				

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