

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-087 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/24/2022 |
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| NAME OF PROVIDER OR SUPPLIER ESTHER'S PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 270 CHARLES STREET HENDERSON, NC 27536 |
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| (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 |
|--------------------|--|---------------|---|--------------------|
| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on 8-24-22. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p> | V 000 | | |
| V 736 | <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the home was maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 8/24/22 at 1:59 pm:</p> <p>Client #6's room:</p> <ul style="list-style-type: none"> - 2 bulbs out in overhead chandelier, 1 missing bulb and light cover - 40 inch section of the ceiling plaster over the window peeled - Hole in ceiling size of tennis ball | V 736 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| V 736 | <p>Continued From page 1</p> <p>Downstairs shared bathroom:</p> <ul style="list-style-type: none"> - 1 chipped floor tile near the floor vent - Broken hot water knob on the bathroom sink - 1 chipped shower tile on the bathtub surround near the back of the tub <p>Downstairs hallway:</p> <ul style="list-style-type: none"> - Rusted air return grate - 2 bulbs out in the ceiling chandelier, 2 bulbs missing - Electrical outlet protruding out from the wall <p>Client #3's room</p> <ul style="list-style-type: none"> - Ceiling peeled <p>Interview on 8/24/22 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Facility was very old - Repairs needed were handled between the facility and the landlord - Landlord was slow to make recommended repairs, so the facility repaired things independently of the landlord - Health and Safety Manager (staff hired by the facility) inspected the facility monthly and coordinated repairs <p>Interview on 8/23//22 the Administrator reported:</p> <ul style="list-style-type: none"> - Facility rented the home from the landlord - Landlord was slow to make repairs and did not always make the recommended repairs - Facility would make the repairs themselves - Health and Safety Manager inspected the facility monthly and made repair recommendations to the landlord or coordinated the repair work to be done <p>This deficiency has been cited 6 times since the original cite on 9/30/15 and must be corrected within 30 days.</p> | V 736 | | |

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