Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A BUILDING: B. WING MHL091-087 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 270 CHARLES STREET **ESTHER'S PLACE** HENDERSON, NC 27536 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID (X5) COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow-up survey was completed on 8-24-22. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. Client # 6's room: V 736 V 736 27G .0303(c) Facility and Grounds Maintenance 9/1/22 - All bulbs in overhead 10A NCAC 27G .0303 LOCATION AND **EXTERIOR REQUIREMENTS** Chandelier have been (c) Each facility and its grounds shall be replaced and are fully functional. maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. - Entire ceiling was torn 9/1/22 down and replaced, room painted and floor retiled. 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 Observation on 8/24/22 at 1:59 pm: Client #6's room: - 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 Division of Flealth Service Regulation LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL091-087 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 270 CHARLES STREET **ESTHER'S PLACE** HENDERSON, NC 27536 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG Downstairs shared bathroom. 9/1/2 V 736 V 736 Continued From page 1 - tile near floor vent replaced Downstairs shared bathroom: 1 chipped floor tile near the floor vent - sink knobs replaced. Broken hot water knob on the bathroom sink 1 chipped shower tile on the bathtub surround - broken shower tile near the back of the tub repaired to prevent further Downstairs hallway: wear and damage. Rusted air return grate 2 bulbs out in the ceiling chandelier, 2 bulbs missing Down stairs hallway - Rusted air return grate - Electrical outlet protruding out from the wall Client #3's room Cleaned and painted - Ceiling peeled Interview on 8/24/22 the Qualified Professional - All bulbs in ceiling Chandelier replaced and are (QP) reported: Facility was very old Repairs needed were handled between the fully functional facility and the landlord - Landlord was slow to make recommended repairs, so the facility repaired things - Electrical outlet secured 9/2/22 within wall. independently of the landlord Health and Safety Manager (staff hired by the facility) inspected the facility monthly and coordinated repairs Client #3's room
- Entire ceiling repaired
and painted. Interview on 8/23//22 the Administrator reported: 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

within 30 days.

This deficiency has been cited 6 times since the original cite on 9/30/15 and must be corrected

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED A RIIII DING B. WING MHL091-087 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **270 CHARLES STREET ESTHER'S PLACE** HENDERSON, NC 27536 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE (X4) ID PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) As part of the agency's action to correct this manner, the Health and safety Coordinator Will report all repairs needed to the agency owner upon discovery. Agency will make all repairs immediately upon discovery and will report all repairs made to the property landlord for negotiation of fees. All repairs made will be recorded in health and safety reports for quality asserrance records.