	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
			A. BUILDING:			
		MHL091-087	B. WING		F 09/1	8/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ESTHER	'S PLACE		RLES STREE			
0/10 ID	HENDERSON, NC 27536			ON	()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	An annual and follo on 9/18/25. Deficien	w up survey was completed ncies were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised th Developmental Disability.				
		sed for 6 and has a current urvey sample consisted of clients.				
V 105	27G .0201 (A) (1-7)) Governing Body Policies	V 105			
V 105	10A NCAC 27G .02 POLICIES (a) The governing to facility or service show itten policies for to (1) delegation of material for admit (2) criterial for admit (3) criterial for admit (3) criterial for disched (4) admission asset (A) who will perform (B) time frames for (5) client record material for the control of the cont	condy responsible for each chall develop and implement the following: an agement authority for the cility and services; assion; arge; assments, including: an the assessment; and completing assessment. An agement, including: zed to document; cords; cords against loss, tampering, by unauthorized persons; and an accessibility to all times; and onfidentiality of records.	V 105			
	(B) an assessment	of whether or not the facility so to address the individual's				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	
					F	
		MHL091-087	D. WING		09/1	8/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ESTHER	'S PLACE		LES STREE			
	018444574074		ON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
V 105	Continued From pa	ge 1	V 105			
	(C) the disposition, recommendations; (7) quality assurance activities, including: (A) composition are assurance and quality at improvement plan; (C) methods for more quality and approprincluding delineation utilization of services (D) professional or a requirement that a professionals and professio	including referrals and ce and quality improvement d activities of a quality lity improvement committee; ssurance and quality onitoring and evaluating the iateness of client care, n of client outcomes and es; clinical supervision, including staff who are not qualified provide direct client services by a qualified professional in ; nproving client care; ualifications and a e to grant				

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	
71110 1 127111	OF CONTRECTION	BERTH IOATION NOMBER.	A. BUILDING:			
		MHL091-087	B. WING		09/1	8/2025
NAME OF F	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE		
			RLES STREE			
ESTHER	'S PLACE	HENDERS	SON, NC 27	536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 105	Continued From pa	ge 2	V 105			
	This Rule is not me Based on record re facility failed to deve of standards that as programmatic perfestandards of practic instrument including Improvement Amerare: Review on 9/18/25 - Admitted 5/1/07 - Diagnoses: Hyg Moderate Intellectu Obsessive-Compul Generalized Anxiety Hyperlipidemia; Typ - Physician's ord glucose diagnostic Interview on 9/18/25 - Been at the facture of t	et as evidenced by: view and interviews, the elop and implement adoption ssure operational and ormance meeting applicable be for the use of a Glucometer g the CLIA (Clinical Laboratory ordments) waiver. The findings of client #4's record revealed: viertension; Autistic Disorder; al Disability; sive Disorder, Unspecified; vier Disorder; Mixed be 2 Diabetes Mellitus er dated 2/3/25 "Blood test strip: 1 strip once daily" of client #4 reported: ility a "long time" ey (staff) take my blood sugar				
		5 staff #1 reported: facility for "going on a year" cked his BS daily				
	- Worked at the t	5 the Lead Staff reported: facility for "about 10 years" lient #4's BS each morning				
	Interview on 9/17/2	5 the Facility Registered Nurse				

reported:
Division of Health Service Regulation
STATE FORM

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			71. BOILDING.		 F	2
		MHL091-087	B. WING			8/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ESTHER	'S PLACE		RLES STREE			
	OLIMANA DV. OTA		SON, NC 27			0.450
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 105	Continued From pa	ge 3	V 105			
	end of July 2025 - "We got to test everyday" - Staff checked of Interview on 9/18/2 reported: - Client #4's checked.	5 the Executive Director				
	- She was "worki obtain the CLIA wai	ng on" the paperwork to ver for the facility				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person a drugs. (2) Medications shat clients only when a client's physician. (3) Medications, included administered only builties only builties only builties only builties on the privileged to prepare (4) A Medication Adall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name;	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be by licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of red to each client must be kept administered shall be ely after administration. The ne following:				
	(C) instructions for (D) date and time the	and quantity of the drug; administering the drug; ne drug is administered; and of person administering the				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		MHL091-087	B. WING			⊰ 18/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ESTHER	'S PLACE		RLES STREE SON, NC 27!			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 118	drug. (5) Client requests checks shall be rec	ge 4 for medication changes or orded and kept with the MAR appointment or consultation	V 118			
	interview, the facility medications were a order of a physiciar clients (#1, #2, and	view, observation and y failed to ensure the administered on the written affecting 3 of 3 audited #4) and failed to ensure the ent affecting 1 of 3 audited				
	record revealed: - Admitted: 12/2/ - Diagnoses: Sev - Physician's ord medications: - Daily Vite to every day (supplem - Divalproex milligrams (mg) tab twice daily (mood) - Fluticasone place 2 sprays in ex dated 2/24/25 - Levothyrox by mouth every day glass of water at lea breakfast (hypothyr	vere Intellectual Disability ers for the following ablet: take 1 tablet by mouth nent) dated 6/11/25 delayed release 250 let: take 5 tablets by mouth				

Division of Health Service Regulation

ווטופועום	of Health Service Re	guiation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL091-087	B. WING		F 09/1	₹ 8/2025
NAME OF I				TATE ZID CODE		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ESTHER	'S PLACE		CLES STREE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 5	V 118			
	- Propranolo mouth three times of a Tamsulosin capsule: take 1 cap (prostate) dated 6/2 - Vitamin C of by mouth daily (low - Benztropino take 1 tablet by mouscle stiffness or 7/31/25 - Trazodone by mouth at bedtim - Discontinue or 8/12/25 for: Olanza (depression)	I,000 mg tablet: take 1 tablet vitamin C) dated 2/25/25 e Mesylate 1 milligram tablet: uth twice daily as needed for excessive drooling dated 150 mg tablet: take 2 tablets e (sleep) dated 5/12/25 der signed by physician on pine-Fluoxetine 12-25mg				
	7/1/25 through 9/17 - No medications on 9/1/25	documented as administered oxetine documented as				
	record revealed: - Admitted: 11/3/ - Diagnoses: Imp Intellectual Disabilit - Physician's ord medications: - Aripiprazole daily (mood) dated - Calcipotries application on the s skin) dated 7/21/25 - CeraVe Mo	oulse Control Disorder; Mild y ers for the following e 5 mg: take 1 tablet by mouth 6/19/25 ne 0.005% cream: apply 1 kin once daily as directed (dry				

7/3/25

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				F	₹
	MHL091-087	B. WING		09/1	8/2025
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ESTHER'S PLACE		RLES STREE SON, NC 275			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
mouth every day (a	ICL 10 mg: take 1 tablet by llergy) dated 6/9/25 0.05% ointment: apply 5 wice daily, apply to rash on s until smooth then reduce to 7/21/25 20 mg tablet: take 1 tablet by or cholesterol dated 3/18/25 at 10 mg tablet: take 1 tablet ening (allergy) dated 7/3/25 30-4.5 Aerosol: inhale 2 puffs) dated 2/26/25 25 mcg (1000 International by mouth everyday 11/27/25 mg/0.75 milliliter pen: inject usly once a week (weight loss) 300 mg tablet: take 1 tablet by daily as needed for pain dated of client #2's MARs from 1/25 revealed: ition of administration for the medications: Vitamin D3 all medications Lovastatin mg tablet was not listed on the documented as being 1/25 at 2:07PM of client #2's profen 800mg tablet revealed: it apped tablets	V 118			

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Review on 9/17/25 and 9/18/25 of client #4's

Division	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL091-087	B. WING		F 09/1	R 8/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
FSTHER'S PLACE 270 CHARL		RLES STREE SON, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 7	V 118			
	Moderate Intellectu Obsessive-Compul Generalized Anxiety Hyperlipidemia; Typ - Physician's ord medications: - Ammonium affected area twice - Aspirin ento 1 tablet by mouth e dated 2/25/25 - Daily vite ta every day (supplem - Ketoconazo to the affected area dated 3/18/25 - Lisinopril 40 mouth every day (h - Olanzapine mouth every night a 3/18/25 - Sertraline I- tablets by mouth da - Simvastatir mouth every night a dated 3/18/25 - Vitamin C by mouth once daily 2/25/25 Review on 9/18/25 6/1/25 through 9/18 - September 202 Lactate 12% Lotion	pertension; Autistic Disorder; all Disability; sive Disorder, Unspecified; y Disorder; Mixed be 2 Diabetes Mellitus ers for the following a Lactate 12% Lotion: apply to daily (dry skin) dated 3/18/25 eric-coated 81 mg tablet: take every day (prevent heart attack) ablet: take 1 tablet by mouth eart) dated 3/18/25 ole 2% cream: apply topically every day (athlete's foot) ong tablet: take 1 tablet by every day (athlete's foot) ong tablet: take 1 tablet by every day (athlete's foot) at bedtime (mood) dated did LCL 100 mg tablet: take 1 tablet by at bedtime (mood) dated did cancillated and tablet and tablet by at bedtime (hyperlipidemia) at bedtime (hyperlipidemia) did colient #4's MARs from the color of client #4's MARs from the color of administration for the did not administration for the				

- 6/30/25 for 8AM administration of

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DIVISION	of Health Service Re	gulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL091-087	B. WING		F 09/1	₹ 8/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
ESTUED	'S DI ACE		RLES STREE			
ESTREK	'S PLACE	HENDERS	SON, NC 275	536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 8	V 118			
	Ammonium Lactate 12% Lotion - 8/31/25 for Vitamin C - 9/1/25 for all medications					
	client #4's medication	7/25 at approximately 3PM of ons revealed: Lactate 12% Lotion in the				
	(RN) reported: - Had been the nend of July 2025 - She was responded and medications and Had seen the medication and the seen the medication and she did not be medications and the documentation errorulation of the medication and the documentation errorulation initialed the administration.	turse at the facility since the surse at the facility since the shad getting medications refilled hissing initials for 9/1/25 and taff to go back and "fill these to pick up the MARs from the ember 2025, they were not not receive them until 9/2/25 clients received their e blank spaces were been an oversight" that staff stration of Olanzapine g for client #1 on 9/2/25				
	 Worked Friday, Administered mornings Remembered the medications the modern everything was document. Did not remember. 	facility for "going on a year", Saturday, and Sunday nights nedications on Monday hat he administered brning of 9/1/25 "but I thought				

Interview on 9/18/25 the Lead Staff reported:

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C2) MULTIPLE CONSTRUCTION CX3 DATE SURVEY COMPLETED CX4 DATE SURDING: B. WING CX5 DATE SURVEY COMPLETED CX5 DATE SURVEY COMPLETED CX6 DATE SURVEY COMPLETED CX7 CHARLES STREET HENDERSON, NC 27538 PROVIDERS PLAN OF CORRECTION CX6 DATE SURVEY CAN DEFICIENCY WIST SEE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTION CROSS-REFERENCED TO HE APPROPRIATE CX6 DATE SURVEY CASS-REFERENCED TO HE APPROPRIATE CX6 DATE SURVEY CROSS-REFERENC	Division	<u>of Health Service Re</u>	egulation				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 270 CHARLES STREET HENDERSON, NC 27536 PROVIDERS PLAN OF CORRECTION (AS) ID (AS) ID (AS) ID (ACACH DEFICIENCY MUST BE PRECEDED BY FULL TAG V 118 Continued From page 9 - Worked at the facility for "about 10 years" - He was responsible for ensuring staff "complete all their duties on their shift" including medication administration - Had not noticed the missing initials Interview on 9/18/25 the Qualiffed Professional (QP) reported: - Had been the QP for about 5 months - Reviewed the MARs and followed up with staff for any errors - Did not notice the missing staff initials on the September 2025 MARs Interview on 9/18/25 the Executive Director reported: - The facility RN was responsible for checking MARs and medications once a week - Created the MARs for the facility prior to July 2025 but the pharmacy was providing the current MARs - The MARs from the pharmacy were missing "a lot of little details" such as the as-needed medications - Client #4 "should be on the Lactate (Ammonium Lactale)" and the pharmacy was waiting on an updated physician's order to fill the medication This deficiency constitutes a re-cited deficiency							
ESTHER'S PLACE (X4) D			MHL091-087	B. WING		1	
ESTHER'S PLACE (A4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION COMPLETE DATE V 118	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 9 - Worked at the facility for "about 10 years" - He was responsible for ensuring staff "complete all their duties on their shift" including medication administration - Had not noticed the missing initials Interview on 9/18/25 the Qualified Professional (QP) reported: - Had been the QP for about 5 months - Reviewed the MARs and followed up with staff for any errors - Did not notice the missing staff initials on the September 2025 MARs Interview on 9/18/25 the Executive Director reported: - The facility RN was responsible for checking MARs and medications once a week - Created the MARs from the pharmacy was providing the current MARs - The MARs from the pharmacy were missing "a lot of little details" such as the as-needed medications - Client #4 "should be on the Lactate (Ammonium Lactate)" and the pharmacy was waiting on an updated physician's order to fill the medication This deficiency constitutes a re-cited deficiency	ESTHER	'S PLACE					
- Worked at the facility for "about 10 years" - He was responsible for ensuring staff "complete all their duties on their shift" including medication administration - Had not noticed the missing initials Interview on 9/18/25 the Qualified Professional (QP) reported: - Had been the QP for about 5 months - Reviewed the MARs and followed up with staff for any errors - Did not notice the missing staff initials on the September 2025 MARs Interview on 9/18/25 the Executive Director reported: - The facility RN was responsible for checking MARs and medications once a week - Created the MARs for the facility prior to July 2025 but the pharmacy was providing the current MARs - The MARs from the pharmacy were missing "a lot of little details" such as the as-needed medications - Client #4 "should be on the Lactate (Ammonium Lactate)" and the pharmacy was waiting on an updated physician's order to fill the medication This deficiency constitutes a re-cited deficiency	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
	V 118	- Worked at the file was responding to medication administration administration and noticed interview on 9/18/28 (QP) reported: - Had been the Giller and personsular and pers	facility for "about 10 years" sible for ensuring staff luties on their shift" including tration if the missing initials the Qualified Professional in the Qualified Professional in the ARS and followed up with the missing staff initials on the ARS the Executive Director in the Executive Director in the facility prior to July acy was providing the current in the pharmacy were missing "such as the as-needed in the pharmacy was the	V 118			

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