AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED		
		MHL098-171			02/	02/20/2020	
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE				
IERBER	T REID HOME, INC	3307 TEA WILSON,	L DRIVE NC 27893				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on February 20, 2020. A deficiency was cited.						
	category: 10A NCA	eed for the following service C 27G .5600 Supervised h Developmental Disabilities.					
V 118	27G .0209 (C) Med	ication Requirements	V 118				
	<ul> <li>only be administered order of a person and drugs.</li> <li>(2) Medications shat clients only when an client's physician.</li> <li>(3) Medications, include the client's physician.</li> <li>(3) Medication and all drugs administered only be unlicensed persons pharmacist or other privileged to prepare (4) A Medication Ad all drugs administere current. Medication and all drugs administere current. Medication and all drugs administere current. Medication and all drugs administere current. Medication (A) client's name;</li> <li>(B) name, strength,</li> <li>(C) instructions for a (D) date and time the (E) name or initials drug.</li> <li>(5) Client requests the checks shall be recompleted and the provided a</li></ul>	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 studing injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The					

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
MHL098-171		B. WING		02/20/2020		
T REID HOME, INC						
		-				
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE	(X5) COMPLET DATE	
Continued From pa	ge 1	V 118				
Based on record re interviews the facilit medications as ord keep the MAR curre clients (#2). The fir Review on 2/18/20 - 33 year old male a - Diagnoses include Disorder, General A Intellectual Disabilit constipation. - Physician's orders Nasal Spray (can tr micrograms, 2 spra softener 100 milligr daily, and Latuda (a	views, observations, and ty failed to administer ered by the Physician and to ent for one of three audited ndings are: of client #2's record revealed: admitted 10/03/16. ed Intermittent Explosive Anxiety Disorder, Mild ry, seasonal allergies, and a signed 9/18/19 for Flonase reat allergy symptoms) 50 hys to each nostril daily, stool ams (mg), 1 capsule twice					
February 2020 rever - Transcription for F daily, with staff doc was administered to 8:00 pm. - Transcription for s daily, with staff doc was administered of - No transcription for documentation Late	ealed: Flonase, 2 sprays each nostril umentation the medication wice a day, at 8:00 am and stool softener, 1 capsule twice umentation the medication once daily at 8:00 am. or Latuda; no staff uda was administered.					
	OF CORRECTION PROVIDER OR SUPPLIER <b>T REID HOME, INC</b> SUMMARY STA (EACH DEFICIENCC) REGULATORY OR L Continued From pa This Rule is not me Based on record re interviews the facili medications as ord keep the MAR currections (#2). The fir Review on 2/18/20 - 33 year old male a - Diagnoses include Disorder, General A Intellectual Disabilit constipation. - Physician's orders Nasal Spray (can tr micrograms, 2 spra softener 100 milligr daily, and Latuda (a in the morning. Review on 2/18/20 February 2020 reve- - Transcription for F daily, with staff doc was administered to 8:00 pm. - Transcription for se daily, with staff doc was administered to No transcription for se daily, with staff doc was administered to No transcription for se daily, with staff doc was administered to - No transcription for se daily, with staff doc was administered to - No transcription for se daily, with staff doc was administered to - No transcription for se daily, with staff doc was administered to - No transcription for se daily, with staff doc was administered to - No transcription for se daily, with staff doc was administered to - No transcription for se daily with staff doc was administered to - No transcription for se daily with staff doc was administered to - No transcription for se daily with staff doc - No transcription for se - No tran	OF CORRECTION       IDENTIFICATION NUMBER:         MHL098-171       MHL098-171         PROVIDER OR SUPPLIER       STREET A         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 1       Continued From page 1         This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to administer medications as ordered by the Physician and to keep the MAR current for one of three audited clients (#2). The findings are:         Review on 2/18/20 of client #2's record revealed: - 33 year old male admitted 10/03/16. - Diagnoses included Intermittent Explosive Disorder, General Anxiety Disorder, Mild Intellectual Disability, seasonal allergies, and constipation. - Physician's orders signed 9/18/19 for Flonase Nasal Spray (can treat allergy symptoms) 50 micrograms, 2 sprays to each nostril daily, stool softener 100 milligrams (mg), 1 capsule twice daily, and Latuda (anti-psychotic) 80 mg, 1 tablet in the morning.         Review on 2/18/20 of client #2's MAR for February 2020 revealed: - Transcription for Flonase, 2 sprays each nostril daily, with staff documentation the medication was administered twice a day, at 8:00 am and 8:00 pm. - Transcription for stool softener, 1 capsule twice daily, with staff documentation the medication was administered once daily at 8:00 am. - No transcription for Latuda; no staff documentation Latuda was administered.	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL098-171       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST         SUMMARY STATEMENT OF DEFICIENCIES       ID         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID         Continued From page 1       V 118         This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to administer medications as ordered by the Physician and to keep the MAR current for one of three audited clients (#2). 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Observation on 2/18/20 at 11:45 am of client #2's </td <td>OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL098-171       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         TREID HOME, INC       3307 TEAL DRIVE WILSON, NC 27893         SUMMARY STATEMENT OF DEFICIENCIES       ID PROVIDER'S PLAN OF (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREVIDER'S PLAN OF (EACH CORRECTIVE ACI CROSS-REPERENCED TO DEFICIENC         This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to administer medications as ordered by the Physician and to keep the MAR current for one of three audited clients (#2). 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		MHL098-171	B. WING		02/20/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HERBER	T REID HOME, INC		AL DRIVE , NC 27893			
(X4) ID	SUMMARY STA		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET
V 118	Continued From pa	ge 2	V 118			
	nostril daily, dispensed 1/31/20; stool softener 100 mg 1 capsule twice daily dispensed 1/23/20, and Latuda 80 mg 1 tablet every day in the morning dispensed 1/23/20. During interview on 2/19/20 client #2 stated he took his medication every day with staff assistance and he had never missed any medications.					
	Professional (QP)/F the pill count for clie	2/18/20 the Qualified Residential Coordinator stated ent #2's Latuda confirmed the ministered as ordered.				
	<ul> <li>Client #2's Flonas and his stool soften daily in February 20</li> <li>Client #2's Latuda the February 2020</li> <li>The "regular" phare</li> </ul>	order was not transcribed on	/			
	administration time received from the p - The QP/Residenti	al Coordinator added s to the MARs when they were harmacy. al Coordinator transposed the s for the Flonase and stool				
	softener on client # - If the "regular" pha medication availabl	2's February 2020 MAR. armacy did not have a e, the facility would get it from by; the medication would not be				
	printed on the MAR QP/Residential Coo new medication or	; either she or the ordinator would transcribe the ler on the MAR.				
	regular pharmacy w and it was not inclu	was not available from the when it was originally ordered ded on the pre-printed MAR. al Coordinator failed to add				

STATE FORM

ZZ5011

Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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AME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
IERBEI	RT REID HOME, INC		AL DRIVE , NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From pa	ge 3	V 118			
	errors or the omissi 2020 MAR. - She would make a medication adminis incident reports wer medication errors. Due to the failure to medication adminis	id not notice the transcription on of Latuda on the February sure staff were re-trained in tration and would ensure re completed for the accurately document tration it could not be s received their medications Physician.				

ZZ5O11