STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-171	A. BUILDING _____ B. WING _____	02/20/2020

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DHSR-MH Licensure Sect

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERBERT REID HOME, INC	3307 TEAL DRIVE WILSON, NC 27893

(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	INITIAL COMMENTS An annual survey was completed on February 20, 2020. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adults with Developmental Disabilities.	V 000	Flonase error was corrected on 2/18/2020. MAR sheet corrected. Latuda error was corrected on 2/18/2020.	2/18/20 2/18/20
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118	Stool Softner error was corrected on 2/18/2020 Incident/Medication Error forms completed on 2/18/2020. All staff interviewed to assure member had not missed any doses. No doses missed of Flonase, Latuda and stool softner. RN will conduct Medication Administration refresher course to ensure medications are being administered correctly and MAR is being checked for accuracy. Ongoing QP will monitor MAR's.	2/18/20 2/18/20 2/18/20 3/15/2020

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Qualified Professional — (X6) DATE: 2/29/2020

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V 118	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). 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.

Observation on 2/18/20 at 11:45 am of client #2's medications revealed:
- Flonase Nasal Spray, 50 mcg 2 sprays each

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V 118	Continued From page 2 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. During interview on 2/18/20 the Qualified Professional (QP)/Residential Coordinator stated the pill count for client #2's Latuda confirmed the medication was administered as ordered. During interview on 2/18/20 the QP stated: - Client #2's Flonase was administered twice daily and his stool softener was administered once daily in February 2020. - Client #2's Latuda order was not transcribed on the February 2020 MAR. - The "regular" pharmacy provided pre-printed MARs. - The QP/Residential Coordinator added administration times to the MARs when they were received from the pharmacy. - The QP/Residential Coordinator transposed the administration times for the Flonase and stool softener on client #2's February 2020 MAR. - If the "regular" pharmacy did not have a medication available, the facility would get it from a back-up pharmacy; the medication would not be printed on the MAR; either she or the QP/Residential Coordinator would transcribe the new medication order on the MAR. - Client #2's Latuda was not available from the regular pharmacy when it was originally ordered and it was not included on the pre-printed MAR. - The QP/Residential Coordinator failed to add Latuda to the February 2020 MAR.	V 118		

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V 118	Continued From page 3 - Residential staff did not notice the transcription errors or the omission of Latuda on the February 2020 MAR. - She would make sure staff were re-trained in medication administration and would ensure incident reports were completed for the medication errors. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the Physician.	V 118		