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 _____	R 10/05/2022

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 and follow up survey was completed on October 5, 2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to develop and implement goals and strategies affecting one of two clients (#1). The findings are:

Review on 10/04/22 of client #1's record revealed:
- 69 year old male.
- Admission date of 04/01/11.
- Diagnoses of Moderate Intellectual Developmental Disability, Psychotic Disorder, Hypertension, Gastroesophageal Reflux Disorder, Type 2 Diabetes, Seizure Disorder and Glaucoma.

Review on 10/04/22 of a signed Primary care Provider order for client #1 dated 03/16/22 revealed:
- Administer 21 unit of lantus (insulin) each day.
- Check Finger Stick Blood Sugar (FSBS) value daily.
- Hold Lantus if FSBS is under 100.
- Resume Lantus the next day as long as the FSBS is over 100.

Review on 10/04/22 of client #1's Individual Support Plan (ISP) dated 05/01/22 revealed:
- "Medical/Behavioral...[Client #1] does have a doctor's order to limit his sugar intake due to Diabetes diagnosis. it is recommended that he follow a typical diabetic diet. This may include

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V 112	Continued From page 2 limited starch and no sodas. he drinks 8 ounces of Gatorade and orange juice daily to balance his electrolytes. [Client #1]'s blood sugar levels have returned to normal over the past year." - No strategies to address client #1's current FSBS and insulin orders. Interview on 10/04/22 client #1 stated: - Staff check his FSBS. - He is aware of his diabetes diagnosis. Interview on 10/05/22 the Qualified Professional stated: - Client had begun daily FSBS and Lantus injections. - She understood the ISP should address client #1's current diabetes management orders.	V 112		