(EACH DEFICIENCY REGULATORY OR LS	3307 TEA WILSON TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	B. WING DDRESS, CITY, ST AL DRIVE , NC 27893 ID PREFIX TAG	ATE, ZIP CODE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
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n annual and follo				
		V 000		
	deficiency was cited.			
ategory: 10A NCA	eed for the following service C 27G .5600C Supervised h Developmental Disabilities.			
ensus of 2. The su	irvey sample consisted of			
7G .0205 (C-D) ssessment/Treatn	nent/Habilitation Plan	V 112		
ssessment, and in gally responsible   admission for clie ceive services be	partnership with the client or person or both, within 30 days ents who are expected to yond 30 days.			
) client outcome( chieved by provision ojected date of act ) strategies;	s) that are anticipated to be on of the service and a chievement;			
) a schedule for r nually in consulta sponsible person ) basis for evalua	review of the plan at least ition with the client or legally or both; ation or assessment of			
) written consent sponsible party, o	or agreement by the client or r a written statement by the			
	admission for clie client outcome( client outcome) admission for client admission for client client outcome( client outcome( chieved by provision opected date of admission strategies; staff responsible aschedule for r inually in consultar sponsible person basis for evaluar tocome achieveme written consent sponsible party, o ovider stating why	Assessment/Treatment/Habilitation Plan A NCAC 27G .0205 ASSESSMENT AND REATMENT/HABILITATION OR SERVICE AN ) The plan shall be developed based on the sessment, and in partnership with the client or gally responsible person or both, within 30 days admission for clients who are expected to ceive services beyond 30 days. ) The plan shall include: ) client outcome(s) that are anticipated to be shieved by provision of the service and a ojected date of achievement; ) strategies; ) staff responsible; ) a schedule for review of the plan at least unually in consultation with the client or legally sponsible person or both; ) basis for evaluation or assessment of the come achievement; and ) written consent or agreement by the client or sponsible party, or a written statement by the ovider stating why such consent could not be trained.	<ul> <li>and the service and a currently has a consistence of the service and a consultation with the client or consultation of the service and a consultation of the service and a consultation of the service and a consultation with the client or consultation with the client or consultation of the service and a consultation of the service and a consultation of the service and a consultation with the client or legally responsible;</li> <li>a consultation with the client or legally services beyond 30 days.</li> <li>The plan shall include:</li> <li>client outcome(s) that are anticipated to be consultation with the client or legally services beyond 30 days.</li> <li>The plan shall include:</li> <li>strategies;</li> <li>staff responsible;</li> <li>a schedule for review of the plan at least innually in consultation or assessment of the service and a consultation or assessment of the service and the consent or agreement by the client or sponsible party, or a written statement by the client or sponsible party, or a written statement by the client or be the service stating why such consent could not be the service stating why such consent could not be the service stating why such consent could not be the service stating why such consent could not be the service and a consent could not be the service stating why such consent could not be the service stating why such consent could not be the service stating why such consent could not be the service and a consent could not be the service and a consent could not be the service stating why such consent could not be the service stating why such consent could not be the service and a consent could not be the service stating why such consent could not be the service stating why such consent could not be the service stating why such consent could not be the service stating why such consent could not be the service stating why such consent could not be the service stating why such co</li></ul>	<ul> <li>dis facility is licensed for 3 and currently has a nsus of 2. The survey sample consisted of didts of 2 current clients.</li> <li>G. 0205 (C-D)</li> <li>Seessment/Treatment/Habilitation Plan</li> <li>A NCAC 27G .0205 ASSESSMENT AND REATMENT/HABILITATION OR SERVICE AN</li> <li>a) The plan shall be developed based on the seessment, and in partnership with the client or gally responsible person or both, within 30 days admission for clients who are expected to ceive services beyond 30 days.</li> <li>b) The plan shall include:</li> <li>c) client outcome(s) that are anticipated to be hieved by provision of the service and a ojected date of achievement;</li> <li>startegies;</li> <li>startegies;</li> <li>a schedule for review of the plan at least invally in consultation with the client or legally sponsible person or both;</li> <li>b) basis for evaluation or assessment of tcome achievement; and</li> <li>witten consent or agreement by the client or sponsible party, or a written statement by the ovider stating why such consent could not be tained.</li> </ul>

1RFG11

## PRINTED: 05/17/2024 FORM APPROVED

( )		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R		
		MHL098-171	B. WING			R 09/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
IFRBFR	T REID HOME, INC		AL DRIVE				
			, NC 27893				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 112	Continued From pa	ige 1	V 112				
	This Rule is not m						
	facility failed to dev	views and interviews the elop and implement goals and one of two clients (#1). The					
	<ul> <li>71 year old male.</li> <li>Admission date of</li> <li>Diagnoses of Moo Developmental Dis Hypertension, Gast</li> </ul>		3				
	Provider order for of - Levemir Flex Pen of lantus (insulin) a - Glucose Check Fi before breakfast. - 8pm- Hold Lantus give 12 units an nig	f a signed Primary care client #1 dated 7/3/23 revealed 100 Administer 12 or 24 unit t bedtime. inger Stick every morning if FSBS is 80 or less, 81-99 pht, 100 or more give 24 units, nits and contact physician.					
	Plan (ISP) dated 3/ - "Medical/Behavior doctor's order to lin Diabetes diagnosis follow a typical diab	f client #1's Individual Support 5/24 revealed: ral[Client #1] does have a nit his sugar intake due to . it is recommended that he petic diet. This may include no sodas, he drinks 8 ounces					

AND PLAN OF CORRECTION		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MUU 000 474	B. WING				
		MHL098-171			05/	09/2024	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S <sup>-</sup> <b>AL DRIVE</b>	TATE, ZIP CODE			
HERBER	RT REID HOME, INC		, NC 27893				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 112	Continued From pa	ge 2	V 112				
	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 5/9/24 client #1 stated: - Staff check his FSBS daily. - He is aware of his diabetes diagnosis. - He has not had any emergencies related to his						
	<ul> <li>He has not had any emergencies related to his FSBS.</li> <li>Interview on 5/9/24 the Qualified Professional stated: <ul> <li>The Care Coordinator completed client #1's treatment plan and she just retired. The medical information section should have been updated by the Care Coordinator.</li> <li>She had no information on who the new Care Coordinator would be.</li> <li>Client #1's diabetes is managed well and he has not had any emergency situations related to his diabetes.</li> <li>She understood the ISP should address client #1's current diabetes management orders. She would ensure client #1 had goals and strategies to address his diabetes.</li> </ul> </li> <li>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</li> </ul>						
	ealth Service Regulation						

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