

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/09/2024
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NAME OF PROVIDER OR SUPPLIER HERBERT REID HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3307 TEAL DRIVE WILSON, NC 27893
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(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on May 9, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>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:</p> <p>Review on 5/9/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 71 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. <p>Review on 5/9/24 of a signed Primary care Provider order for client #1 dated 7/3/23 revealed:</p> <ul style="list-style-type: none"> - Levemir Flex Pen 100 Administer 12 or 24 unit of lantus (insulin) at bedtime. - Glucose Check Finger Stick every morning before breakfast. - 8pm- Hold Lantus if FSBS is 80 or less, 81-99 give 12 units an night, 100 or more give 24 units, over 300 give 24 units and contact physician. <p>Review on 5/9/24 of client #1's Individual Support Plan (ISP) dated 3/5/24 revealed:</p> <ul style="list-style-type: none"> - "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 limited starch and no sodas. he drinks 8 ounces 	V 112		

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V 112	<p>Continued From page 2</p> <p>of Gatorade and orange juice daily to balance his electrolytes. [Client #1]'s blood sugar levels have returned to normal over the past year."</p> <ul style="list-style-type: none"> - No strategies to address client #1's current FSBS and insulin orders. <p>Interview on 5/9/24 client #1 stated:</p> <ul style="list-style-type: none"> - Staff check his FSBS daily. - He is aware of his diabetes diagnosis. - He has not had any emergencies related to his FSBS. <p>Interview on 5/9/24 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - 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. - She had no information on who the new Care Coordinator would be. - Client #1's diabetes is managed well and he has not had any emergency situations related to his diabetes. - 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. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		