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	mhl092-399	A. BUILDING: _____ B. WING _____	R 03/05/2025

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HERBERT REID HOME	3733 HERITAGE MEADOW LANE HOLLY SPRINGS, NC 27540

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 3/5/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105		

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2	V 105		

This Rule is not met as evidenced by:
Based on record review, observation and interview the facility failed to A.) implement written policy to assess whether or not the facility could provide services to address the individual's needs for admission affecting 1 of 3 audited clients (#3) and B.) to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards for the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:

A. Review on 2/27/25 & 2/28/25 client #3's record revealed:
- Admitted: 7/31/02
- Diagnoses: Moderate Intellectual Developmental Disability, Legally Blind, Hypothyroidism, Congenital Cataracts, Lymphedema, Pulmonary Hypertension, and Rheumatoid Arthritis
- no documentation of an admission assessment being completed

Interview on 2/27/25 the Administrator reported:
- Client #3 moved into this facility 4/1/24 from the sister facility

Review on 3/5/25 of the facility's admission policy revealed:
- "...a Qualified Professional (QP) will complete the Admission/Orientation Packet...The Qualified Professional is required to complete the Admission/Orientation Packet within 48 hours of the interview with the consumer..."

Interview on 3/5/25 the QP reported:

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V 105	Continued From page 3	V 105		

- "Usually", the Administrator did the admission and discharges
- She did the discharge from the sister facility to this facility but the Administrator normally did them
- She just did a transition from the sister facility to this facility and not an admission assessment

Further Interview on 2/27/25 the Administrator reported:
- She and the QP were responsible for admission assessments
- She didn't remember doing an admission assessment for this facility
- "It happened so fast (the move)"
- When client #3's slot came up through the Local Management Entity/Managed Care Organization for a waiver, client #3's plan had to be done, and "everything just moved so fast"
- The Director didn't tell her that she needed to do an admission assessment

Interview on 3/5/25 the Director reported:
- The QP and the Administrator were responsible for admission assessments
- He thought the Administrator emailed the admission assessment
- He would check with the Administrator and get that done if it hadn't already been done
- He thought he saw the admission assessment but he would check again

B. Review on 2/28/25 client #4's record revealed:
- Admitted: 5/2000
- Diagnoses: Moderate Mental Retardation, Blindness, Diabetes Type 2, Asthma, Restrictive Lung Disease, Anxiety, Hypertension, Decreased Hearing, Chronic Kidney Disease, and Breast Cancer

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V 105	Continued From page 4 Observation on 2/28/25 at approximately 12:45pm revealed: - CLIA waiver expiration date 7/24/25 for the sister facility and not this facility Interview on 2/28/25 the Administrator reported: - she told the Director that they needed a CLIA waiver for this facility - The Director told her that [accreditation agency] said that the facilities were owned by the same owner so one waiver was good Interview on 3/5/25 the Director reported: - "I have no idea, I never thought about it" (CLIA Waiver) - Over the years, it's always been the sister facility, and no one had ever brought it to his attention to get one for this facility - "it's an easy fix"	V 105		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff	V 108		

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V 108	Continued From page 5 member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audited staff (#1) received training to meet the MH/DD/SA needs of the clients. The findings are: Review on 2/27/25 of staff #1's personnel record revealed: - Hired: 10/4/18 - Title: Direct Care Staff - No documentation of client rights or confidentiality training Interview on 2/27/25 the Administrator reported: - staff #1 was the "newest" employee - she didn't know why staff #1 didn't have the client rights or confidentiality training - "it must be because she is newer because all the old staff had the training"	V 108		

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V 108	Continued From page 6 Interview on 3/5/25 staff #1 reported: - she thought she had client rights and confidentiality training - the Administrator would remind her if a training was needed Interview on 3/5/25 the Director reported: - staff #1's client rights & confidentiality training was missed - the Administrator was responsible for making sure trainings were scheduled and completed - the Administrator reviewed the personnel records weekly and monthly to check for trainings - he would get with the Administrator to make sure staff #1 completed her missed trainings - he could take staff #1 to get the trainings completed	V 108		
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	V 118		

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V 118	Continued From page 7 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. This Rule is not met as evidenced by: Based on interview, record review and observation the facility failed to administer medications on the written order of a physician affecting 3 of 3 audited clients (#1, #3, #4). The findings are: A. Review on 2/28/25 client #1's record revealed: - Admitted: 1/1999 - Diagnoses: Mild Mental Retardation, Major Depression Disorder, Decreased Hearing, Legally Blind, Impulse Disorder) - No physician order for: - Docusate Sodium 100 milligram (mg) softgel, 1 capsule (cap) twice daily (stool softener) - Acetaminophen 325 tablets (tab), as needed (PRN) (pain) Review on 2/28/25 of client #1's January 2025 - February 2025 MARs revealed: - Docusate Sodium 100mg initialed by staff as	V 118		

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V 118	Continued From page 8 being administered - Acetaminophen 325 mg listed on the MARs as a PRN Observation on 2/28/25 at approximately 12:15pm of client #1's medications revealed: - Acetaminophen 325 mg was not in the facility B. Review on 2/28/25 client #3's record revealed: - Admitted: 7/31/02 - Diagnoses: Moderate Intellectual Developmental Disability, Legally Blind, Hypothyroidism, Congenital Cataracts, Lymphedema, Pulmonary Hypertension, and Rheumatoid Arthritis - FL 2 dated 8/13/24 revealed: - Acetaminophen 650mg, PRN (pain) Review on 2/28/25 of client #3's January 2025 - February 2025 MARs revealed: - Acetaminophen listed as a PRN Observation on 2/87/25 at approximately 11:30am of client #3's medications revealed: - Acetaminophen 650mg tabs was not in the facility C. Review on 2/28/25 client #4's record revealed: - Admitted: 5/2000 - Diagnoses: Moderate Mental Retardation, Blindness, Diabetes Type 2, Asthma, Restrictive Lung Disease, Anxiety, Hypertension, Decreased Hearing, Chronic Kidney Disease, and Breast Cancer - Physician order dated 3/1/24 revealed: - Colace Clear 50mg softgel, PRN (constipation) Review on 2/28/25 of client #4's January 2025 - February 2025 MARs revealed:	V 118		

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V 118	Continued From page 9 - Colace Clear 50mg listed as a PRN medication Observation on 2/28/25 at approximately 1:00pm of client #4's medications revealed: - Colace Clear 50mg was not in the facility Interview on 2/27/25 the Administrator reported: - She checked in medications and made sure medications weren't expired - She returned the expired medications to the pharmacy and was waiting on the refills - She normally ordered the refills a few weeks early but the pharmacy told her that it was too early to order and to wait closer to the expiration date - She must have missed reordering the medications but "they have been reordered now" Interview on 3/4/25 the Director reported: - The Administrator was responsible for the medications - He didn't look at the PRNs every day - He deferred to the Administrator for the PRNs - "If someone (client) gets agitated, I want to know that the PRNs are there (in the facility)" - If the PRNs were not in the facility then "I would need to talk to some people" - He didn't oversee the medications, but he would talk to the Administrator to make sure that the medications were there	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible	V 121		

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V 121	Continued From page 10 for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 3 audited clients (#1, #4) had a drug regimen review at least every six months. The findings are: Review on 2/27/25 client #1's record revealed: - Admitted: 1/1999 - Diagnoses: Mild Mental Retardation, Major Depression Disorder, Decreased Hearing, Legally Blind, Impulse Disorder - FL 2 dated 2/6/24 revealed: - Lorazepam 1 milligram (mg), 1 tablet (tab) every morning (anxiety) - Lorazepam 0.5mg tab, as needed (PRN) (anxiety) - Risperidone 3 mg tab, 1 tab twice daily (bipolar) - Quetiapine Fumarate 25mg, 1 tab every night (insomnia & depression) - no documentation of a drug regimen review Review on 2/27/25 client #4's record revealed: - Admitted: 5/2000 - Diagnoses: Moderate Mental Retardation, Blindness, Diabetes Type 2, Asthma, Restrictive	V 121		

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V 121	Continued From page 11 Lung Disease, Anxiety, Hypertension, Decreased Hearing, Chronic Kidney Disease, and Breast Cancer - FL 2 dated 3/1/24 revealed: - Aripiprazole 5mg tab, 1/2 tab daily (mood) - no documentation of a drug regimen review Interview on 2/27/25 the Administrator reported: - The pharmacy changed over and the facility hadn't had a pharmacy review in the last 6 months - The pharmacy still had the same name but they had new staff and a new pharmacist - She didn't know that they changed over to a new pharmacist - She didn't get a letter about the change and was waiting for the old pharmacist to come to the facility in March 2024 - Last review was Sept 2023 with the old pharmacist - She spoke with the new pharmacist in December 2024 about coming to the facility, but "she just hasn't come out" - "I'll call her, she'll come out though" Interview on 3/4/25 the Director reported: - The old pharmacy sold the company, and they were waiting for them for pharmacy reviews - The pharmacy usually calls the facility to let them know that they were coming out - The Administrator and staff #1 "handles" the pharmacy reviews - The Administrator called the pharmacy and that was why they were waiting for the pharmacy to come out - He would call the pharmacy himself to get them to come out - "that's an easy fix for me"	V 121		