

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL098-171</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERBERT REID HOME, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3307 TEAL DRIVE WILSON, NC 27893</b>		
(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 July 22, 2025 A deficiency was 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 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 7/22/25 of the facility's fire and disaster drills from 7/1/24-6/30/25 revealed: -No fire or disaster drills documented for third shift during the third quarter of 2024 (July-September) -No disaster drill documented for the first shift during the fourth quarter of 2024 (October-December). -No fire or disaster drills documented for second shift during the first quarter of 2025 (January-March).</p> <p>Interview on 7/22/25 client #1 stated: -The facility did fire and disaster drills. -Clients went to the front yard for fire drills and in the bathroom for disaster drills.</p> <p>Attempt to interview on 7/22/25 with client #2 was unsuccessful. -Client #2 answered "yes" to all questions, looked around the room and drew lines on a piece of paper.</p> <p>Interview on 7/22/25 staff #1 stated: -Fire and disaster drills were completed monthly. -Clients went outside to the tree in the front yard for fire drills and in the bathroom for disaster drills. -All clients participated in the fire and disaster drills.</p> <p>Interview on 7/22/25 staff #2 stated: -Fire and disaster drills were completely 2 to 3 times a month.</p>	V 114		

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V 114	Continued From page 2  -Clients went outside to the front yard for fire drills and inside the bathroom for disaster drills.  Interview on 7/22/25 Director/Qualified Professional stated: -The shifts at the facility were 8 am-4 pm, 4 pm-12 am and 12 am-8 am, seven days a week. -Fire and disaster drills were completed monthly. -Clients went outside to the front or back yard for fire drills and in the bathroom for disaster drills. -She understood drills were to be completed quarterly on each shift. -"I will begin checking the drill book monthly to ensure drills are being completed quarterly on each shift."	V 114			