STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G107	A. BUILDING _____ B. WING _____	02/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEEK ROAD GROUP HOME	138 MEEK ROAD GASTONIA, NC 28056

(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) COMPLETION DATE
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that 1 of 3 sampled clients (# 4) clothing fit appropriately. The finding is: Observations in the group home on 2/2/21 at 8:05 AM revealed client #4 to wear loose fitting denim pants with no belt which caused her pants to slip below her waist and to expose her bare backside. Continued observations at 8:25 AM revealed client #4 to complete her breakfast and to take her plate to the kitchen while her pants continued to slide below her waist and further expose her bare backside. Observations at 8:30 AM revealed Staff E to assist client #4 to the bathroom and to return to the living room without a belt. Subsequent observations at 8:40 AM revealed client #4 to crawl around on the living room floor while her bare backside was exposed. At no point during the observation period did staff assist client #4 with adjusting her pants or to provide her with a belt. Interview with staff E verified that client #4 has a sufficient amount of clothing and belts that fits her appropriately. Interview with the home manager (HM) on 2/2/21 confirmed that staff should have taken client #4 to her room to assist her with adjusting her pants and putting on a belt. Interview with the qualified intellectual disabilities professional (QIDP) confirmed that all clients	W 137	The Interdisciplinary team for Meek Road Group Home will assure that the rights of #4 are met and that #4 continues to exercise the right to retain and use appropriate personal possessions and clothing. QIDP will develop and in-service staff on a goal that incorporates selecting appropriate attire for each day/activity, including but not limited to choosing a belt and ensuring that all clothing is well fitting. In addition, QIDP will in-service staff and monitor implementation of this goal on a consistent basis. The QIDP is responsible for completing observations and monitoring data collection of this goal monthly for the first six months and quarterly thereafter. QIDP and House Manager will also review with staff techniques for redirection and supportive counseling regarding support that staff should offer if #4 chooses not to select a belt and/or her clothing becomes ill fitting. DHSR - Mental Health FEB 23 2021 Lic. & Cert. Section	April 1, 2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jennifer Putnam — TITLE: ASSISTANT DIRECTOR — (X6) DATE: 2.18.2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G107	A. BUILDING _____ B. WING _____	02/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEEK ROAD GROUP HOME	138 MEEK ROAD GASTONIA, NC 28056

(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) COMPLETION DATE
W 137	Continued From page 1 should have access to accessories such as a belt to ensure that all clients have access to clothing that fits appropriately.	W 137		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 2 of 3 sampled clients (#4 and #5) received a continuous active treatment program consisting of needed interventions as identified in their individual support plans (ISPs) relative to privacy and communication. The findings are: A. The team failed to ensure a program objective was implemented in sufficient frequency to support the need of client #5 in the area of privacy. For example: Observations in the group home on 2/2/21 at 8:40 AM revealed client #5 to stand in the bathroom with the door open and his pants to sit at his ankles exposing his torso. Further observations at 8:50 AM revealed client #5 toileting with the door open and staff C to stand in the bathroom and offer the client assistance with his pants.	W 249	The interdisciplinary team for Meek Road Group Home will assure that all individuals are receiving a continuous active treatment program consisting of needed interventions and services in a sufficient number and frequency to support the achievement of the objectives identified in each person's individual program plan. QIDP and House Manager will review each individual's goals to determine if revisions are needed. Once the appropriate revisions (if any) are made, QIDP and House Manager are responsible for in-servicing each staff on the goals of each individual. In addition, the House Manager will monitor the implementation of each individual's goals daily. The QIDP will assist the House Manager in monitoring the implementation of each individual's goal on a consistent basis. The QIDP is responsible for completing observations and monitoring data collection of all newly implemented goals monthly for the first six months and quarterly thereafter.	April 1, 2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G107	A. BUILDING _____ B. WING _____	02/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEEK ROAD GROUP HOME	138 MEEK ROAD GASTONIA, NC 28056

(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) COMPLETION DATE
W 249	Continued From page 2 The bathroom door remained open as client #5 was prompted to pull up his pants and wash his hands. At no point during the observation did staff prompt client #5 to close the bathroom door or to close the door for him. Review of the record for client #5 on 2/2/21 revealed an ISP dated 8/6/20, which indicates that client has a program goal to close the bathroom door using four or less verbal/gestural prompts. Further review of the ISP indicates that staff will prompt client #5 to close the door to the bathroom, wait 5 seconds if he doesn't respond and ask a second time. If client #5 does not close the door, staff will thank him and close the door for him according to his program objective. Interview with the home manager (HM) on 2/21/21 verified that client #5 has a bathroom goal relative to closing the door during toileting. Further interview with the HM verified that there are newly hired staff that have not been trained on all of client #5's program goals. The HM confirmed during the interview that all of client #5's goals are current. The HM also confirmed that staff should follow client #5's bathroom goals as prescribed. Interview with the qualified intellectual disabilities professional (QIDP) verified that all of client #5's goals are current. Further interview with the QIDP confirmed that all staff should follow client 5's bathroom objectives as prescribed. B. The team failed to ensure a program objective was implemented in sufficient frequency to support the need of client #4 in the area of communication. For example: Afternoon observations in the group home on	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G107	A. BUILDING _____ B. WING _____	02/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEEK ROAD GROUP HOME	138 MEEK ROAD GASTONIA, NC 28056

(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) COMPLETION DATE
W 249	Continued From page 3 2/1/21 revealed client #4 to participate in various activities to include a puzzle activity, game activity with staff and to participate in the dinner meals. At no point during the observation period was staff observed to utilize a picture cue schedule with client #4 during a transition to various activities. Morning observations on 2/2/21 revealed client #4 to participate in various activities to include game activities with staff and to participate in the breakfast meal. At no point during the observation period did staff offer client #4 a picture cue schedule during a transition to various activities. Review of the record for client #4 on 2/2/21 revealed an ISP dated 12/27/19 which indicates that the client should be referred to her picture cue schedule, take off the picture of the next activity and put it in the box. This should occur each time client #4 transitions to another activity according to the program objective. The behavior data for client #4 was not available for review during the survey. Interview with the HM on 2/2/21 verified that client #4 responds well to routine tasks in the group home. The HM also verified during the interview that all of client #4's goals are current. The HM confirmed that staff should have followed client #4's communication picture cues throughout the day and as prescribed. Interview with the QIDP confirmed that all of client #4's goals are current. Further interview with the QIDP confirmed that all staff should follow client #4's communication program as prescribed.	W 249		

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Clarissa Henry at 704-589-2523.

Sincerely,

Clarissa Henry
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

cc: QM@partnersbhm.org