

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/07/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/05/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEEK ROAD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>138 MEEK ROAD GASTONIA, NC 28056</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) COMPLETION DATE	
W 227	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the individual support plan (ISP) failed to have a training objective to meet the identified client needs for 1 of 3 sampled clients (#3) relative to disrobing. The finding is:</p> <p>Observation in the group home on 4/5/22 at 9:14 AM revealed client #3 to stand and pull up shirt exposing undergarment a total of five times. Continued observation at 9:29 AM revealed client #3 to again pull up shirt and expose self at the kitchen table. Subsequent observation at 9:33 AM revealed client #3 to again pull up shirt and expose undergarment at the kitchen sink. Additional observation at 9:42 AM and 9:49 AM revealed client #3 to again pull up shirt and expose self in the living room.</p> <p>Review of records for client #3 on 4/5/22 revealed an ISP dated 11/18/21. Continued review of client #3's ISP revealed a diagnosis of severe IDD and seizure disorder. Further review of ISP revealed goals to increase independence with bathroom, chores, community, activities, hygiene, laundry, meals, and transitioning with picture cues.</p> <p>Review of records for client #3 on 4/5/22 revealed a behavior support plan (BSP) dated 11/19/21 with target behaviors of inappropriate toileting, self-injurious behavior, inappropriate verbal behavior, aggression, pulling pants down and</p>	W 227			

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

TITLE

(X6) DATE

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.

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W 227	Continued From page 1 teasing others. Continued review of the BSP did not contain interventions relative to the client pulling up their shirt and exposing undergarment.  Interview on 4/5/22 with the qualified intellectual disabilities professional (QIDP) revealed that client #3's ISP was current. Continued interview with the QIDP revealed that client #3 has recently started pulling up shirt and a meeting will be scheduled with the psychologist. Further interview with the QIDP revealed that he had not addressed client #3's need in the behavior support plan.	W 227			
W 249	<b>PROGRAM IMPLEMENTATION</b> 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 observation, record review and interviews, the facility failed to ensure the individual support plan (ISP) for 1 of 3 sampled clients (#2) was implemented as prescribed relative to training goal to increase medication participation. The finding is:  Observation in the group home on 4/5/22 at 7:38 AM revealed client #2 to be in his bedroom lying in the bed while staff C administered medications	W 249			

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W 249	<p>Continued From page 2</p> <p>to him. Continued observation revealed staff C to administer all medications in applesauce to client #2 while remaining in the bed lying flat. Further observation revealed client #2 to be offered no opportunity for participation in the medication administration.</p> <p>Review of records for client #2 on 4/5/22 revealed an ISP dated 3/2/22. Continued review of client #2's ISP revealed a diagnosis of mild IDD and anxiety. Further review of ISP revealed training objectives to participate in community based activity, interventions to reduce anxiety, communication, medication and meals to use rocker knife.</p> <p>Interview on 4/5/22 with the facility qualified intellectual disabilities professional (QIDP) verified client #2's ISP should have been implemented as prescribed. Interview on 4/5/22 with the facility nurse verified client #2's ISP should be implemented as prescribed and medications should not be administered while lying in bed.</p>	W 249			