PRINTED: 04/11/2025 FORM APPROVED

STATEMEN	T OF DEFICIENCIES	Tana State of the	1		OIVIB	NO. 0938-039
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		TIPLE CONSTRUCTION NG	(X3)	DATE SURVEY COMPLETED
		34G107	B. WING			04/00/2025
	PROVIDER OR SUPPLIED OAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CO 138 MEEK ROAD GASTONIA, NC 28056	DE	04/09/2025
(X4) ID PPEFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE	HOULD BE	COMPLETION DATE
E 039	EP Testing Requir CFR(s): 483.475(c	ements	E 03	39 *[For ICF/IIDs at §483 475(d)]:		
	§416.54(d)(2), §41 §460.84(d)(2), §48 §483.475(d)(2), §4 §485.542(d)(2), §4 §485.920(d)(2), §4 *[For ASCs at §411 at §485.542, OPO, §485.727, CMHCs §491.12, and ESR (2) Testing. The [fa	18 113(d)(2), §441.184(d)(2), 82.15(d)(2), §483 73(d)(2), §481.02(d)(2), §485.68(d)(2), 8485.625(d)(2), §485.727(d)(2), 891.12(d)(2), §494.62(d)(2). 6.54, CORFs at §485.68, REHs at §485.920, RHCs/FQHCs at D Facilities at §494.62]: acility] must conduct exercises acy plan annually. The [facility]		Meek Rd Group Home will partice the pre-scheduled annual full-scheduled annual full-scheduled annual full-scheduled annual full-scheduled annual full-scheduled annual full on 2025, to fulfill the required emenexercise for the current year. All participate and the exercise will be documented and analyzed by Safety and QA/QI committee as The Safety and Risk Manager was complete a full review of emerge preparedness participation logs are ports for the previous 12 month determine to determine any other testing and training.	ale, May 21st, gency staff will the required. Ill incy and hs to	06/08/25
	community-based of (A) When a community-based of (B) If the [facility natural or man-mac activation of the emecant from engage community-based of functional exercise functional exercise functional exercise functional exercise this section is conducted in the folional exercise that the folional exercise community-based of (A) A second full-second full-second exercise; (B) A mock disaster	tarity-based exercise is not a facility-based functional ears; or ty] experiences an actual de emergency that requires nergency plan, the [facility] is ging in its next required or individual, facility-based following the onset of the ditional exercise at least every 2 year the full-scale or under paragraph (d)(2)(i) of ucted, that may include, but is llowing: ale exercise that is or individual, facility-based or drill; or		The Safety and Risk Manager wiformal Emergency Preparedness Schedule. The schedule will be nand approved by the Safety and committee, added to the QA/QI Performance Improvement calenenforced by the ICF Clinical Direct Operations Manager. The Safety and Risk Manager as the Safety Committee is now rest for: -Ensuring alternate annual exercic completedVerifying whether an actual emergements the facility from one of the required exercisesDocumenting all exercises and e that after-action and stored.	Testing eviewed QA/QI dar, and ctor and well as consible ses are regency lie	
(C) A tabletop exerc	cise or workshop that is led by		DHSR-MH Licensure S	ect	
ORATORY	DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE		(X6) DATE

ICF Clinical Director 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.

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CHA		OMB NO. 09				
AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION IG	(X3) D	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE 0	4/09/2025
MEEKR	OAD GROUP HOME		-	138 MEEK ROAD	ODL	
				GASTONIA, NC 28056		
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	a narrated, clinically scenario, and a set directed messages designed to challen (iii) Analyze the [facimaintain document exercises, and eme [facility's] emergence "[For Hospices at 4" (2) Testing for hospices to test the annually. The hospice in a facility based eventually. The hospice in a facility based eventually based eventually based eventually. The hospice existed eventually based functional exercise existed eventually based functional exercise eventually based functions on the emergency plan, engaging in its next community-based eventually based functions on the following: (ii) Conduct an addition opposite the year the exercise under paragis conducted, that may be the following: (A) A second full-scate community-based or exercise; or (B) A mock disaster (C) A tabletop exercise.	udes a group discussion using y-relevant emergency of problem statements, or prepared questions ge an emergency plan. ility's] response to and ation of all drills, tabletop regency events, and revise the y plan, as needed. 18.113(d):] sices that provide care in the endospice must conduct the emust do the following: all-scale exercise that is very 2 years; or nity based exercise is not an individual facility based every 2 years; or periences a natural or any that requires activation of the hospital is exempt from required full scale exercise or individual nal exercise following the necy event. It is a facility based functional graph (d)(2)(i) of this section any include, but is not limited alle exercise that is a facility based functional	E 03	Columbias and union the extension designates an extension of the Columbias and Administration and control the columbias and control the columbias and columb	will review erly. A ntained tted to the mmittee ise will	06/08/25

PRINTED: 04/11/2025 FORM APPROVED OMB NO. 0938-0391

		A MEDICAID SERVICES			OMB NO	0. 0938-0391
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	directed messages, designed to challeng (3) Testing for hospicare directly. The hexercises to test the year. The hospice in an is community-based (A) When a communaccessible, conduct facility-based functio (B) If the hospice expan-made emergenthe emergency plan, engaging in its next rebased or facility-based following the onset of (ii) Conduct an addit may include, but is not (A) A second full-scatcommunity-based or exercise; or (B) A mock disaster (C) A tabletop exercifacilitator that include narrated, clinically-reland a set of problem messages, or prepare challenge an emergeniii) Analyze the hospmaintain documentati	or prepared questions ge an emergency plan. ces that provide inpatient ospice must conduct emergency plan twice per nust do the following: annual full-scale exercise that is or nity-based exercise is not an annual individual nal exercise; or operiences a natural or cy that requires activation of the hospice is exempt from required full-scale community ed functional exercise for the emergency event. It is a facility based functional exercise that is a facility based functional drill; or see or workshop led by a see a group discussion using a evant emergency scenario, statements, directed ed questions designed to not plan. It is response to and on of all drills, tabletop ency events and revise the	EO	39		

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AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DA	ATE SURVEY MPLETED	
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	9482.15(d), CAHs and (2) Testing. The [PI conduct exercises are twice per year. The do the following: (i) Participate in an its community-based (A) When a community-based function (B) If the [PRTF, Howard accessible, conduct facility-based function (Ifacility) is exempt for requires activation of [facility] is exempt for required full-scale of facility-based functionset of the emergency (ii) Conduct an and that may include following: (A) A second full-scale of functional exercise; (B) A mock (C) A tabletop exempted following are regency scenario statements, directed questions designed following: (iii) Analyze the [maintain documenta	at \$485.625(d):] RTF, Hospital, CAH] must to test the emergency plan annual full-scale exercise that d; or nity-based exercise is not an annual individual, onal exercise; or ospital, CAH] experiences an annual emergency that of the emergency plan, the omengaging in its next community based or individual, onal exercise following the omengaging in its next community based or individual, onal exercise following the ency event. [additional] annual exercise or e, but is not limited to the alle exercise that is individual, a facility-based or disaster drill; or exercise or workshop that is dincludes a group narrated, clinically-relevant, and a set of problem messages, or prepared to challenge an emergency facility's] response to and tion of all drills, tabletop gency events and revise the	E 03	39				

*[For PACE at §460.84(d):]

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/11/2025 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER A BUILDING COMPLETED 34G107 B. WING NAME OF PROVIDER OR SUPPLIER 04/09/2025 STREET ADDRESS, CITY, STATE, ZIP CODE MEEK ROAD GROUP HOME 138 MEEK ROAD GASTONIA, NC 28056 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID

E 039 Continued From page 4

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TAG

(2) Testing. The PACE organization must conduct exercises to test the emergency plan at least annually. The PACE organization must do the following:

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

(i) Participate in an annual full-scale exercise that is community-based; or

- (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or
- (B) If the PACE experiences an actual natural or man-made emergency that requires activation of the emergency plan, the PACE is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event.
- (ii) Conduct an additional exercise every 2 years opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted that may include, but is not limited to the following:
- (A) A second full-scale exercise that is community-based or individual, a facility based functional exercise; or
- (B) A mock disaster drill; or
- (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion. using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the PACE's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the PACE's emergency plan, as needed.

*[For LTC Facilities at §483.73(d):1 (2) The [LTC facility] must conduct exercises to E 039

PREFIX

TAG

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/11/2025 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER A. BUILDING COMPLETED 34G107 B. WING 04/09/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MEEK ROAD GROUP HOME 138 MEEK ROAD GASTONIA, NC 28056 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) E 039 Continued From page 5 E 039 test the emergency plan at least twice per year. including unannounced staff drills using the emergency procedures. The [LTC facility, ICF/IID] must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual. facility-based functional exercise. (B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility based functional exercise: or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's emergency plan, as needed. *[For ICF/IIDs at §483.475(d)]:

(2) Testing. The ICF/IID must conduct exercises to test the emergency plan at least twice per year.

(i) Participate in an annual full-scale exercise that

The ICF/IID must do the following:

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E 039	accessible, conductacility-based functional exercise emergency event. (ii) Conduct an admay include, but is community-based functional exercise emergency event. (iii) Conduct an admay include, but is community-based functional exercises (B) A mock disasts (C) A tabletop exercise a facilitator and incusing a narrated, conducted messages designed to challe (iii) Analyze the IC maintain document exercises, and em ICF/IID's emergent [For HHAs at §48 (d)(2) Testing. The totest the emerger least annually. The (i) Participate in a formunity-based; (A) When a conaccessible, conductions.	ed; or nunity-based exercise is not ct an annual individual, tional exercise; or. experiences an actual natural or ency that requires activation of an, the ICF/IID is exempt from at required full-scale or individual, facility-based e following the onset of the ditional annual exercise that is not limited to the following: cale exercise that is or an individual, facility-based er or er drill; or reise or workshop that is led by cludes a group discussion, clinically-relevant emergency to for problem statements, as, or prepared questions ange an emergency plan. F/IID's response to and tation of all drills, tabletop ergency events, and revise the cy plan, as needed. 4.102] HHA must conduct exercises ancy plan at HHA must do the following: full-scale exercise that is	EO	39		

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CENTERS FOR MEDICARE & MEDICAID SERVICES		OMB NO. 0938-0391					
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	or man-made emergency engaging in its new community-based functional exercise emergency event. (ii) Conduct an add opposite the year exercise under parties conducted, the limited to the follow (A) A second frommunity-based functional exercise (B) A mock dis (C) A tabletop led by a facilitator addiscussion, using a emergency scenar statements, directed questions designed plan. (iii) Analyze the HH documentation of a emergency events emergency plan. a *[For OPOs at §48 (d)(2) Testing. The to test the emergen following: (i) Conduct a paper workshop at least a led by a facilitator addiscussion, using a discussion, using a discussion, using a discussion, using a service of the emergen following and the emergen following:	A experiences an actual natural ergency that requires activation plan, the HHA is exempt from at required full-scale or individual, facility based of following the onset of the ditional exercise every 2 years, the full-scale or functional ragraph (d)(2)(i) of this section at may include, but is not wing: ull-scale exercise that is or an individual, facility-based of an individual, facility-based of an includes a group an arrated, clinically-relevant it, and a set of problem and messages, or prepared of to challenge an emergency decreased.	EO	39			

statements, directed messages, or prepared

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plan. If the OPO ex man-made emerge the emergency plar engaging in its next following the onset (ii) Analyze the OPO documentation of a emergency events, OPO's] emergency *[RNCHIs at §403. (d)(2) Testing. The exercises to test the must do the followin (i) Conduct a paper least annually. A tal discussion led by a clinically-relevant er of problem stateme prepared questions emergency plan. (ii) Analyze the RNH maintain documents and emergency event emergency plan, as This STANDARD is Based on record refailed to conduct bis Emergency Prepare finding is: Review of the facilit table top exercise deview revealed no	I to challenge an emergency operiences an actual natural or oncy that requires activation of an the OPO is exempt from a required testing exercise of the emergency event. O's response to and maintain and revise the [RNHCl's and plan, as needed. 748]: RNHCl must conduct a emergency plan. The RNHCl and plan, as needed. response to and maintain and revise the grand plan, as needed. 748]: RNHCl must conduct a emergency plan. The RNHCl and plan, as needed. response to a group facilitator, using a narrated, mergency scenario, and a set ants, directed messages, or designed to challenge an elicitation of all tabletop exercises, and revise the RNHCl's	E 03	39			

Interview with the facility director on 4/9/25

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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E 039	Continued From p	age 9	E 03	9	- CATTER TOTAL CONTRACTOR CONTRAC		
	additional full-scal	e community/facility-based					
W 474	MEAL SERVICES CFR(s): 483.480(b Food must be serv	o)(2)(iii) yed in a form consistent with the	W 47	equipment and dietary needs will be conducted by the QIDP. OT/PT/ and or speech therapist on a monthly basis to ensure all other clients have			
	This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure food was			the prescribed adaptive and meal preparatory equipment readily available and in use according to their IPP and specialist evaluations.	06/08/25		
				The House Manager and or QIDP will observe and document a minimum of 1-3 meal observations per week to ensure their direct			
	PM revealed the dipancakes, scramb	inner meal to include led eggs, sausage, turkey		staff are following meal protocols. After 60 days unannounced meal observations will occur quarterly.			
	observation revealed client #1 to be served whole pancakes and sausage cut into bite-size pieces by staff. Further observations revealed client #1 to participate and consume the dinner meal independently. Observation in the group home on 4/9/25 at 7:45 AM revealed the breakfast meal to include cereal, turkey bacon, baked omelet, toast, water, juice			The ICF Clinical Director and QIDP will create a a "Modified Diet Protocol" which will include: -Laminated diet specific cards for each client posted in the kitchen and dining areasVisual food preparation guides for bite-sized and other special textures.			
				QIDP, OT/PT/or speech therapist will complete mandatory hands-on competency checks for all direct support staff modified food prep quarterly.			
MEEK ROAD GROUP HOME (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL SEGULATORY OR LSC IDENTIFYING INFORMATION) E 039 Continued From page 9 confirmed the facility has not conducted an additional full-scale community/facility-based exercise or mock drill exercise. W 474 MEAL SERVICES CFR(s): 483,480(b)(2)(iii) Food must be served in a form consistent with developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure food was served in a form consistent with the developmental level for 1 of 5 clients (#1). The finding is. Observation in the group home on 4/8/25 at 510 PM revealed the dinner meal to include pancakes, scrambled eggs sausage, turkey bacon, strawberries, water and juice. Continue observation revealed client #1 to be served when pancakes and sausage cut into bite-size pieces by staff. Further observations revealed client #1 to participate and consume the dinner meal independently. Observation in the group home on 4/9/25 at 7:4 AM revealed the breakfast meal to include certurkey bacon, baked omelet, toast, water, juice and coffee. Continued observation revealed client #1 to serve himself the breakfast meal in whole form and participate and consume the breakfast meal independently. Review of client #1's record on 4/9/25 revealed	the breakfast meal in whole e and consume the breakfast		The ICF Director will review IPPs and associated assessments (nutrition, occupational therapy, speech) will be cross verified monthly to ensure alignment with				
	grams sodium diet, mechanical soft, nectar			equipment in use and prescribed diet. Audit results will be reported to the QA/QI Committee on a quarterly basis. Any discrepancy will trigger a corrective action within 24 hours, including retraining of direct care staff by QIDP, House Manager			

and or therapy specialists as necessary.

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		34G107	B. WING					
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W 474	confirmed the diet Continued intervie diet means food si bite-sized pieces v processor, or can Interview with the professional on 4/5	fruit. lity dietician on 4/9/25 order for client #1 is current. w revealed a mechanical soft hould be modified into vith the use of a blender or food be done by hand with a knife. qualified intellectual disability 6/25 confirmed staff are suring clients receive their diet	W 474					