

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

PRINTED: 04/11/2025  
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>04/09/2025</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	
E 039	<p>EP Testing Requirements CFR(s): 483.475(d)(2)</p> <p>\$416.54(d)(2), \$418.113(d)(2), \$441.184(d)(2), \$460.84(d)(2), \$482.15(d)(2), \$483.73(d)(2), \$483.475(d)(2), \$434.102(d)(2), \$485.68(d)(2), \$485.542(d)(2), \$485.625(d)(2), \$485.727(d)(2), \$485.920(d)(2), \$491.12(d)(2), \$494.62(d)(2).</p> <p>*[For ASCs at \$416.54, CORFs at \$485.68, REHs at \$485.542, OPO, "Organizations" under \$485.727, CMHCs at \$485.920, RHCs/FQHCs at \$491.12, and ESRD Facilities at \$494.62]</p> <p>(2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following:</p> <p>(i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event.</p> <p>(ii) Conduct an additional exercise at least 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:</p> <p>(A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by</p>	E 039	<p>*[For ICF/IIDs at \$483.475(d)]:</p> <p>Meek Rd Group Home will participate in the pre-scheduled annual full-scale, facility-based evacuation drill on May 21st, 2025, to fulfill the required emergency exercise for the current year. All staff will participate and the exercise will be documented and analyzed by the Safety and QA/QI committee as required.</p> <p>The Safety and Risk Manager will complete a full review of emergency preparedness participation logs and reports for the previous 12 months to determine to determine any other lapses in testing and training.</p> <p>The Safety and Risk Manager will create a formal Emergency Preparedness Testing Schedule. The schedule will be reviewed and approved by the Safety and QA/QI committee, added to the QA/QI Performance Improvement calendar, and enforced by the ICF Clinical Director and Operations Manager.</p> <p>The Safety and Risk Manager as well as the Safety Committee is now responsible for:</p> <ul style="list-style-type: none"> <li>-Ensuring alternate annual exercises are completed.</li> <li>-Verifying whether an actual emergency exempts the facility from one of the required exercises.</li> <li>-Documenting all exercises and ensuring that after-action reviews are completed and stored.</li> </ul> <p><b>RECEIVED</b> MAY 02 2025</p> <p>DHSR-MH Licensure Sect</p>	06/08/25

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

TITLE

(X6) DATE

*Calvin W. [Signature]*

ICF Clinical Director

4/23/25

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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E 039	Continued From page 1 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 [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.  *[For Hospices at 418.113(d):] (2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following: (i) Participate in a full-scale exercise that is community based every 2 years; or (A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise 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 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				
E 039	Staff training on emergency preparedness requirements under §483.475 will be scheduled quarterly and added to the annual training curriculum.  The facility's QA/QI Committee will review documentation of all emergency exercises and real events quarterly. A compliance checklist will be maintained by the ICF Clinical Director and Operations Manager and submitted to the Safety Committee and QA/QI committee quarterly.  Any missed or incomplete exercise will trigger a 30-day corrective period, during which the required exercise must be conducted.			06/08/25	

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NAME OF PROVIDER OR SUPPLIER

**MEEK ROAD GROUP HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE

**138 MEEK ROAD  
GASTONIA, NC 28056**

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E 039 Continued From page 2

E 039

a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

(3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice 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; or  
(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or 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 a facility based functional exercise; or

(B) A mock disaster drill; or

(C) A tabletop exercise or workshop led by a facilitator that 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 hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed.



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E 039	Continued From page 3 *[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d):] (2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] 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; or (B) If the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] 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] annual exercise or and 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 [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the [facility's] emergency plan, as needed.  *[For PACE at §460.84(d):]	E 039			

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E 039 Continued From page 4

E 039

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

(2) The [LTC facility] must conduct exercises to



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E 039	<p>Continued From page 5</p> <p>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:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.</p> <p>(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.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(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.</p> <p>(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.</p> <p>*[For ICF/IIDs at §483.475(d):</p> <p>(2) Testing. The ICF/IID must conduct exercises to test the emergency plan at least twice per year. The ICF/IID must do the following:</p> <p>(i) Participate in an annual full-scale exercise that</p>	E 039		

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E 039	Continued From page 6 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 ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID 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 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 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 ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed.  *[For HHAs at §484.102] (d)(2) Testing. The HHA must conduct exercises to test the emergency plan at least annually. The HHA must do the following: (i) Participate in a 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 every 2 years; or.	E 039			



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E 039	Continued From page 7  (B) If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA 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 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 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 HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed.  *[For OPOs at §486.360] (d)(2) Testing. The OPO must conduct exercises to test the emergency plan. The OPO must do the following: (i) Conduct a paper-based, tabletop exercise or workshop at least annually. A tabletop exercise 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	E 039			



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E 039	Continued From page 8  questions designed to challenge an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required testing exercise following the onset of the emergency event. (ii) Analyze the OPO's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed.  *[ RNCHIs at §403.748]: (d)(2) Testing. The RNHCI must conduct exercises to test the emergency plan. The RNHCI must do the following. (i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (ii) Analyze the RNHCI's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the RNHCI's emergency plan, as needed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct biennial testing of the facility's Emergency Preparedness Plan (EPP). The finding is:  Review of the facility's EPP on 4/8/25 revealed at table top exercise dated 3/11/24. Continued review revealed no evidence of an additional full-scale community/facility-based exercise or mock drill exercise.  Interview with the facility director on 4/9/25	E 039			



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E 039	Continued From page 9 confirmed the facility has not conducted an additional full-scale community/facility-based exercise or mock drill exercise.	E 039			
W 474	<b>MEAL SERVICES</b> CFR(s): 483.480(b)(2)(iii)  Food must be served in a form consistent with the 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 5:00 PM revealed the dinner meal to include pancakes, scrambled eggs, sausage, turkey bacon, strawberries, water and juice. Continued 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 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 a nutritional assessment dated 7/31/24. Review of the assessment indicated his diet order to be 3 grams sodium diet, mechanical soft, nectar thickened liquids, two quarts of fluid daily, no	W 474	A complete audit of current client adaptive 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 the prescribed adaptive and meal preparatory equipment readily available and in use according to their IPP and specialist evaluations.  The House Manager and or QIDP will observe and document a minimum of 1-3 meal observations per week to ensure their direct staff are following meal protocols. After 60 days unannounced meal observations will occur quarterly.  The ICF Clinical Director and QIDP will create a "Modified Diet Protocol" which will include: -Laminated diet specific cards for each client posted in the kitchen and dining areas. -Visual 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.  The ICF Director will review IPPs and associated assessments (nutrition, occupational therapy, speech) will be cross verified monthly to ensure alignment with 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.		06/08/25



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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>04/09/2025</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 474	Continued From page 10 caffeine, no grapefruit.  Interview with facility dietician on 4/9/25 confirmed the diet order for client #1 is current. Continued interview revealed a mechanical soft diet means food should be modified into bite-sized pieces with the use of a blender or food processor, or can be done by hand with a knife. Interview with the qualified intellectual disability professional on 4/9/25 confirmed staff are responsible for ensuring clients receive their diet orders as prescribed.	W 474			