

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-573</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/13/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MEEKS #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4125 EDGEMONT ROAD</b> <b>WENDELL, NC 27591</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 1/13/26. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(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.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were completed at least quarterly &amp; repeated for each shift. The findings are:</p>	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>Review on 1/12/26 of the facility's January 2025 through January 2026 fire and disaster drills revealed:</p> <ul style="list-style-type: none"> <li>- A disaster drill was documented as completed on 6/23/25</li> <li>- No other disaster drills were documented as completed</li> </ul> <p>Interview on 1/13/26 client #1 reported:</p> <ul style="list-style-type: none"> <li>- Had not participated any drills at the facility</li> <li>- She would go "in the bathroom" for a tornado</li> </ul> <p>Interview on 1/13/26 client #2 reported:</p> <ul style="list-style-type: none"> <li>- Did not respond when asked if fire and disaster drills were completed</li> <li>- If there was a tornado, she would go to the hallway of the facility</li> </ul> <p>Interview on 1/13/26 client #3 reported:</p> <ul style="list-style-type: none"> <li>- "Yeah, I think" disaster drills were completed at the facility</li> <li>- Would "go on the knees" and put his hands over his head "in the hallway" of the facility if there was a tornado</li> </ul> <p>Interview on 1/13/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Had worked at the facility "since 2023" but "I don't remember the month"</li> <li>- Disaster drills were completed at the facility "every other month, or something like that" but "the only one I actually remember is the flood" but did not remember when it had been completed or if it had been documented</li> <li>- Had never completed a tornado drill at the facility but would take the clients "away from the windows" to "the bathroom, the tub"</li> </ul> <p>Interview on 1/13/26 staff #2 reported:</p> <ul style="list-style-type: none"> <li>- Had worked at the facility for "about a year"</li> </ul>	V 114		

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V 114	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- "I do that (fire and disaster drills) once a month</li> <li>- "I do them (fire and disaster drills) all at once"</li> </ul> <p>Interview on 1/13/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Staff completed fire and disaster drills monthly and she completed a fire and disaster drill every 3 months to "make sure" it was done correctly</li> <li>- Had observed disaster drills completed within the last month and the "disaster drills have to be there (in drill logs)"</li> </ul> <p>Interview on 1/13/26 the Owner/Licensee reported:</p> <ul style="list-style-type: none"> <li>- The shifts at the facility are that staff #1 works Monday at 3PM through Thursday at 3PM and staff #2 works Thursday at 3PM though Monday at 3PM</li> <li>- The staff at the facility complete the disaster drills "at the same time as the fire drills"</li> <li>- "We (the facility) were told we couldn't document them together" so only the fire drills were documented</li> <li>- Checked the fire and disaster drills book but "I wasn't really paying attention" to there being no disaster drills documented</li> <li>- "It's (disaster drills) not being documented - it's being done"</li> </ul>	V 114		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug</p>	V 121		

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V 121	<p>Continued From page 3</p> <p>regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a drug regimen review for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 1/12/26 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 6/7/25</li> <li>- Diagnoses: Generalized Anxiety; Intellectual Disability; Seizure Disorder; Overactive Bladder</li> <li>- No 6-month drug regimen review</li> </ul> <p>Review on 1/12/26 of client #1's FL-2 signed on 6/18/25 by her physician revealed orders for the following medications:</p> <ul style="list-style-type: none"> <li>- Aripiprazole 20 milligrams (mg) take 1 tablet by mouth daily (mood)</li> <li>- Clonazepam 0.5 mg take 1 tablet by mouth every evening (anxiety)</li> <li>- Sertraline 50 mg take 1 tablet by mouth daily (mood)</li> </ul> <p>Review on 1/12/26 of client #1's Medication Administration Record for 7/1/25 through 1/12/26 revealed:</p> <ul style="list-style-type: none"> <li>- Aripiprazole, Clonazepam, and Sertraline were listed and initialed as administered by staff daily for all dates reviewed</li> </ul>	V 121		

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V 121	Continued From page 4  Interview on 1/13/26 the Qualified Professional (QP) reported: - "The pharmacy that we (facility) use" completed the drug regimen reviews for all clients - The pharmacy comes out annually to complete the drug regimen reviews and it is automatic - Client #1's guardian did not want to change pharmacies so she had a different pharmacy from the other clients at the facility - The facility had not followed up with client #1's pharmacy to have a drug regimen review completed  Interview on 1/13/26 the Licensee/Owner reported: - She and the QP were responsible for ensuring drug regimen reviews were completed for all clients - The pharmacy completed all drug regimen reviews for the clients at the facility - The QP had sent client #1's FL-2 to the pharmacy but "we just got to get consent from the guardian" for client #1's medications to be moved to the pharmacy the facility used	V 121		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe manner. The	V 736		

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V 736	<p>Continued From page 5</p> <p>findings are:</p> <p>Observation on 1/12/26 at approximately 11:51AM revealed the following:</p> <ul style="list-style-type: none"> <li>- Propane space heater was sitting in on the floor in front of the television in the living room area of the facility</li> </ul> <p>Interview on 1/13/26 client #1 reported:</p> <ul style="list-style-type: none"> <li>- The space heater in the living room would "keep it warm" for the clients</li> </ul> <p>Interview on 1/13/26 client #2 reported:</p> <ul style="list-style-type: none"> <li>- "I don't look" at the space heater in the living room and did not respond to any further questions about the space heater</li> </ul> <p>Interview on 1/13/26 client #3 reported:</p> <ul style="list-style-type: none"> <li>- The space heater in the living room was used "when it get real cold" and when it is "snowing outside"</li> <li>- "Sometimes I do (turn it on or off), sometimes staff do"</li> </ul> <p>Interview on 1/13/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- The space heater in the living room was not used a lot</li> <li>- "I've only used it (space heater) once"</li> <li>- "It (space heater) was just out there for precaution" and "I put it in there (living room)...a few weeks ago when it was real cold"</li> </ul> <p>Interview and observation on 1/13/26 at approximately 12:20PM staff #2 reported:</p> <ul style="list-style-type: none"> <li>- "No, I don't use it (space heater)"</li> <li>- Was asked about how long the space heater had been at the facility and how often it was used but refused to answer any further questions about the space heater and responded by shrugging her shoulders or stated "I don't want to be here"</li> </ul>	V 736		

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V 736	<p>Continued From page 6</p> <p>Interview on 1/13/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Was "not aware" the space heater was in the facility</li> <li>- Did not see the space heater when she was last at the facility on 1/8/26</li> <li>- No clients or staff had expressed that the facility had been cold</li> </ul> <p>Interview on 1/13/26 the Licensee/Owner reported:</p> <ul style="list-style-type: none"> <li>- "It (space heater) is for emergencies" and was put in the living room for "the last snowstorm we had, that was in November (2025)"</li> <li>- The space heater had not been used since being placed in the living room</li> <li>- The space heater was not removed after the snowstorm "cause it's still wintertime and we might need it"</li> <li>- Knew you could not have an electric space heater in the facility and "it's propane, it's not electric"</li> <li>- Did not know that propane space heaters were not allowed in the facility</li> </ul> <p>Interview on 1/13/26 the Division of Health Service Regulation Construction Team Lead reported:</p> <ul style="list-style-type: none"> <li>- Space heaters "could be easily knocked over" so were a fire hazard</li> <li>- Portable space heaters were considered a safety hazard and were not allowed for use in facilities</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		