

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>34G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>04/15/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>MEEK ROAD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>138 MEEK ROAD , GASTONIA, North Carolina, 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
W0369	<p><b>DRUG ADMINISTRATION</b></p> <p>CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to ensure that medications were administered in compliance with physician's orders for 1 of 5 clients (#3). The finding is:</p> <p>Observations in the group home on 4/15/26 at 7:13 AM revealed client #3 to enter the medication room with staff A. Further observations revealed staff A to administer the following medications to client #3: Senna Plus, Quetiapine, Omega 3 Fish Oil, Lamotrigine, Gabapentin, Clonidine, Lacosamide, Ketoconazole, Clotrimazole, Ciclopirox, Desonide, Nystatin, Chlorhexidine, Fluticasone (one spray in each nostril) and PEG powder.</p> <p>Review of records for client #3 revealed a physician's order dated April, 2026 which indicates that all of the medications listed above are to be administered at 8:00 AM. In addition, the physician's order indicates that client #3 should have been given Ciprofloxacin, 5 drops in each ear at 8:00 AM. Further review of the physician's order revealed that client #3 should have two sprays of the Fluticasone in each nostril during the 8:00 AM medication administration.</p> <p>Interview on 4/15/26 with the Director of Nursing (DON) confirmed that client #3 should have had two sprays of Fluticasone in each nostril and 5 drops of Ciprofloxacin in each eye during the 8:00 AM medication administration.</p>	W0369		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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