


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G227	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/16/2026
NAME OF PROVIDER OR SUPPLIER FLOWE DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 628 FLOWE DRIVE , CHARLOTTE, North Carolina, 28213	
(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>DRUG ADMINISTRATION</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 observation, record review and interview, the facility failed to ensure that all drugs were administered without error for 1 of 6 audited clients (#6). The finding is:</p> <p>Observation in the group home on 4/16/26 at 6:05 AM revealed client #6 to enter the medication room with Staff B for medication administration. Continued observation revealed Staff B to administer Chlorhexidine mouth wash by pouring it into a cup and prompting client #6 to rinse and spit out. Further observation revealed client #6 to swallow the Chlorhexidine mouth wash. Additional observation revealed Staff B to instruct client #6 they shouldn't have done that and continued with medication administration.</p> <p>Review of client #6's record on 4/16/26 revealed physician's orders dated February 2026. Review of the physician's orders indicated Chlorhexidine Oral Solution 0.12% - provide to toothbrush to brush teeth 3x a day.</p> <p>Interview with Staff B on 4/16/26 revealed client #6 will sometimes swallow the mouth wash and sometimes they will spit it out in the bathroom sink. Interview with the facility nurse on 4/16/26 confirmed client #6's physician's orders are current. Continued interview with the facility nurse confirmed the Chlorhexidine was administered incorrectly as staff should provide the client with their toothbrush or a sponge stick to properly administer the Chlorhexidine per the physician's orders.</p>	W0369	<p>The nurse will do an inservice to ensure proper medication administration for all individuals in the home. Group home manager will monitor daily</p>	5-26-2026

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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 GP	(X6) DATE 4-27-2026
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