

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

PRINTED: 05/31/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/25/2018
NAME OF PROVIDER OR SUPPLIER VOCA-MALLARD DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 6119 MALLARD DRIVE CHARLOTTE, NC 28227		
(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 000	INITIAL COMMENTS	W 000			
W 156	<p>Intake #NC00138924</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4)</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>This STANDARD is not met as evidenced by: The team failed to ensue all investigation results were reported to the administrator within 5 working days for 1 of 2 investigations reviewed as evidenced by interviews and review of facility records. The finding is:</p> <p>Interviews with the operations manger and the executive director, verified by review of the IRIS report, revealed on 5/14/18 the operation manager was informed by the home manager who had been told by the guardian client #1 alleged staff A had pulled her hair. At that time per interview with the operations manager, verified by review of the IRIS report, revealed an IRIS report was completed and a staff person assigned to conduct an investigation. Continued interviews with the operations manager, verified by review of the letter from the department of social services revealed the department had been contacted and ruled out an investigation. Additional interviews with the operation manager, substantiated by review of facility time sheets, revealed staff A was placed on administrative leave as of 5/14/18.</p> <p>Subsequent interviews with the operations</p>	W 156			

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

TITLE

(X6) DATE

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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W 156	Continued From page 1 manager, verified by interview with the executive director, revealed a miscommunication had occurred and an investigation had not been initiated after staff had been assigned to conduct the investigation. Therefore, the facility failed to ensure results of all investigations were reported to the administrator within 5 working days.	W 156			