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

PRINTED: 03/20/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			-	(X3) DATE SURVEY COMPLETED	
		34G201	B. WING _		<u> </u>		C 14/2019
NAME OF PROVIDER OR SUPPLIER VOCA-OAK DRIVE GROUP HOME				STREET ADDRESS, CITY, S 5416 OAK DRIVE CHARLOTTE, NC 2821			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS		W	00			
W 152		OF CLIENTS)(iii) ibit the employment of viction or prior employment	W	52			
	The facility failed to a background check was ensure employment of conviction or prior emclient abuse, neglect occur as evidenced by record verification. The A. Review of a facility by interviews with the and administrator, revitake client #1 on a the pick up staff A's check Staff A then reported #1 for ice cream. The her supervisors at 7:3 and client #1 had not Further review of the interviews revealed the they issued a silver all for the group home vastaff A and client #1 ostaff A did finally call the	is completed for staff to if individuals with a ployment history of child or or mistreatment did not y observation, interview and					

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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	34G201	B. WING		0:	C 3/14/2019	
NAME OF PROVIDER OR SUPPLIER VOCA-OAK DRIVE GROUP HOME			5416 OAK DRIVE	·		
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLE DATE		
could come pick up to police arrived and transported to be checked found to be unharmed. Continued review of interviews revealed princestigation included and personnel file. It found that staff A's contained to be free of any compreced to be free of any	the van and client #1. The ansported client #1 to the end out and the client was ed. the facility's investigation and part of the facility do a review of staff A's training During that review it was riminal background check eted. It should be noted a dot at this point and was found victions that would have me being employed at the rer, the facility failed to completed prior to staff A ents at the group home. It facility administrator fing of a missing criminal form the group home resulted of all personnel files of staff home to assure all that checks had been completed. In the facility administrator, the wof the background other checks were missed the group home. The facility administrator files of the background other checks were missed the group home. The facility administrator, the working in the group fit along with the qualified is professional (QIDP).	W 152				
	CORRECTION ROVIDER OR SUPPLIER K DRIVE GROUP HOME SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag could come pick up to police arrived and transport to be checked found to be unharmed. Continued review of interviews revealed privestigation includes and personnel file. It found that staff A's continued that staff A's continued to be free of any comprecluded staff A from group home. However, assure a check was working with the client B. Interview with the revealed that the find background check from a thorough review working at the group criminal background Further interview with substantiated by review checks, revealed no for staff assigned to a shome on second shift intellectual disabilities.	AGONIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 could come pick up the van and client #1. The police arrived and transported client #1 to the hospital to be checked out and the client was found to be unharmed. Continued review of the facility's investigation and interviews revealed part of the facility investigation included a review of staff A's training and personnel file. During that review it was found that staff A's criminal background check had not been completed. It should be noted a check was completed at this point and was found to be free of any convictions that would have precluded staff A from being employed at the group home. However, the facility failed to assure a check was completed prior to staff A working with the clients at the group home. B. Interview with the facility administrator revealed that the finding of a missing criminal background check from the group home resulted in a thorough review of all personnel files of staff working at the group home to assure all that criminal background checks had been completed. Further interview with the facility administrator, substantiated by review of the background checks, revealed no other checks were missed for staff assigned to the group home. Afternoon observations in the group home on 3/14/19 revealed 3 staff working in the group home on second shift along with the qualified intellectual disabilities professional (QIDP).	A BUILDING 34G201 B. WING COVIDER OR SUPPLIER K DRIVE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 could come pick up the van and client #1. The police arrived and transported client #1 to the hospital to be checked out and the client was found to be unharmed. Continued review of the facility's investigation and interviews revealed part of the facility investigation included a review of staff A's training and personnel file. During that review it was found that staff A's criminal background check had not been completed. It should be noted a check was completed at this point and was found to be free of any convictions that would have precluded staff A from being employed at the group home. However, the facility failed to assure a check was completed prior to staff A working with the clients at the group home. B. Interview with the facility administrator revealed that the finding of a missing criminal background check from the group home resulted in a thorough review of all personnel files of staff working at the group home to assure all that criminal background checks had been completed. Further interview with the facility administrator, substantiated by review of the background checks, revealed no other checks were missed for staff assigned to the group home on 3/14/19 revealed 3 staff working in the group home on second shift along with the qualified intellectual disabilities professional (QIDP).	A BUILDING 34G201 BUNING STREET ADDRESS, CITY, STATE, ZIP CO S116 OAK DRIVE CHARLOTTE, NC 28216 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 could come pick up the van and client #1. The police arrived and transported client #1 to the hospital to be checked out and the client was found to be unharmed. Continued review of the facility's investigation and interviews revealed part of the facility investigation included a review of staff A's training and personnel file. During that review it was found that staff A's criminal background check had not been completed. It should be noted a check was completed at this point and was found to be free of any convictions that would have precluded staff A from being employed at the group home. However, the facility failed to assure a check was completed prior to staff A working with the clients at the group home. B. Interview with the facility administrator revealed that the finding of a missing criminal background check from the group home resulted in a thorough review of all personnel files of staff working at the group home to assure all that criminal background checks had been completed. Further interview with the facility administrator, substantiated by review of the background checks, revealed no other checks were missed for staff assigned to the group home. Afternoon observations in the group home on 3/14/19 revealed 3 staff working in the group home ne second shift along with the qualified	CONTRIBUTION NUMBER: 34G201 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 5416 OAK DRIVE CHARLOTTE, NC 28216 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPRICIENCY MUST BE PRECEDED BY FULL (ECCH DEPRICIENCY) COntinued From page 1 COULD ome pick up the van and client #1. The police arrived and transported client #1 to the hospital to be checked out and the client was found to be unharmed. Continued review of the facility's investigation and interviews revealed part of the facility investigation included a review of staff A's training and personnel file. During that review it was found that staff A's criminal background check had not been completed. It should be noted a check was completed at this point and was found to be free of any convictions that would have precluded staff A'rom being employed at the group home. However, the facility administrator revealed that the finding of a missing criminal background check from the group home resulted in a thorough review of all personnel files of staff working with the clients at the group home to assure all that criminal background checks had been completed. Further interview with the facility administrator, substantiated by review of the background checks, revealed no other checks were missed for staff assigned to the group home on 3/14/19 revealed 3 staff working in the group home on second shift along with the qualified intellectual disabilities professional (OIIDP).	

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		34G201	B. WING_			C 03/14/2019	
NAME OF PROVIDER OR SUPPLIER VOCA-OAK DRIVE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CO 5416 OAK DRIVE CHARLOTTE, NC 28216	DE	03/14/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 152	to work in the group h Interview with the fac background checks w and staff D as require the facility administratehire but no backgro Continued interview notes of the ground in the grountil a background checkground checkground in the ground in the grountil a background checkground checkground in the ground i	ility administrator revealed vere completed for staff C ed. Further interview with tor revealed staff B was a und check could be found. evealed staff B was oup home work schedule leck could be completed but e all staff working with the	W	152			