CENTERS FOR MEDICANE & MEDICAD SERVICES     OMB NO. 0338-039       MORTANUT OF EXCENDENCIAL     (I) IROVIDERUPUEREDLA INDENTIFICATION NUMBER     (I) IROVIDERUPUEREDLA IROVIDERUPUERED NOR CHARLOTTE, IXO 22019     (I) IROVIDERUPUERED NOR CHARLOTTE, IXO 2000     (I	DEPARTI	MENT OF HEALTH AN	DEPARTMENT OF HEALTH AND HUMAN SERVICES						
AND FLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING Complete the Non- RC   1MALE OF PROVIDER OR SUPPLIER 346194 #: WING STREET ADDRESS, CITY, STATE, 3P CODE 10223/2019   VOCA-FREEDOM GROUP HOME   SUMMAY STATEMENT OF DEDICINATION   1PRETX SUMMAY STATEMENT OF DEDICINATION D FREEDOM DR   COMPLETE   SUMMAY STATEMENT OF DEDICINATION   1PRETX RECULATION HOME CONSECTIVE ADDRESS IN NOT CORRECTION CONSECTIVE ADDRESS IN NOT CORRECTION OF CONSECTIVE ADDRESS IN NOT CONSECTIVE									
34G194     P. WHO     10/23/2019       NAME OF PROVIDER OR SUPPLIENT     STREET ADDRESS, CITY, STATE, 2P CODE     STREET ADDRESS, CITY, STATE, 2P CODE       VOCA-FREEDOM GROUP HOME     STIT REEDOM DR     CHARLOTTE, NO. 28208     CHARLOTTE, NO. 28208       PREMX     REGULATION OR LSC DENTIFYING INFORMATION)     PREMX     CROSS-REFERENCE TO THE APPROPRIATE DENTIFY OR LSC DENTIFYING INFORMATION)     CROSS-REFERENCE TO THE APPROPRIATE DENTIFY OR LSC DENTIFYING INFORMATION)     DEFERSIVE     CROSS-REFERENCE TO THE APPROPRIATE DENTIFY OR LSC DENTIFYING INFORMATION)     CROSS-REFERENCE TO THE APPROPRIATE DETTIFY OR LSC DENTIFYING INFORMATION)     CROSS-REFERENCE TO THE APPROPRIATE DETTIFY OR LSC DENTIFYING INFORMATION     CROSS-REFERENCE TO THE APPROPRIATE DETTIFY OR LSC DENTIFYING INFORMATION)     CROSS-REFERENCE TO THE APPROPRIATE DETTIFY OR LSC DENTIFYING INFORMATION     CROSS-REFERENCE TO THE APPROPRIATE DETTIFY OR LSC DENTIFY OR LSC DENTIFYING INFORMATION)     CROSS-REFERENCE TO THE APPROPRIATE DETTIFY OR LSC DENTIFYING INFORMATION     CROSS-REFERENCE TO THE APPROPRIATE DETTIFY OR LSC DENTIFYIES AND LSC DENTIFY OR LSC DENTIFY OR LSC DENTIFYING INFORMATION     CROSS-REFERENCE TO THE APPROPRIATE DETTIFY OR LSC DENTIFYING INFORMATION     CROSS-REFERENCE TO THE APPROPRIATE DETTIFY OR LSC DENTIFY OR LSC DETTIFY OR LSC DENTIFY OR LSC							COMPLETED		
INALL OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, 2P CODE       VOCA-FREEDOM GROUP HOME     STREET ADDRESS, CITY, STATE, 2P CODE       (M) ID     SUMMARY STATEMENT OF DEPICIENCIES     PROVIDER'S NAM OF CORRECTION EACH DEPICIENCIES THE NUMBER OF DEPICIENCIES     PROVIDER'S NAM OF CORRECTION EACH DEPICIENCY MAILS RE PRECEDED BY FULL REGULATION OF USE DEPITITIVES INFORMATION     PRECENT TAC     PROVIDER'S NAM OF CORRECTION EACH DEPICIENCY MAILS RE PRECEDED BY FULL REGULATION OF USE DEPICTIVES OF TAUL REGULATION OF USE DEPICT			34G194 B. WING						
UCCA.FREEDOM GROUP HOME     CHARLOTTE, NC 28209       (PA) ID INETIX     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) (EACH DEFICIENCY MUST BE RECED BY FULL RESULATORY OR LSC DEFITIENTIAL RESULATORY OR LSC DEFITIENTIAL RES	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			10/20/2010	
CHAIN     Summary Statement or DeProjectices (EACH DEProject VIII)     Interview     Interview     Operation       Trag     REGULATION OR LSC IDENTIFYING INFORMATION)     Interview     Interview     Interview     Operation					5911 FREEDOM DR				
PREFIX IAG     (EACH DEFICIENCY MUST BE PRECEDED BY YULL REGULATORY OR LSC. IDENTIFYING INFORMATION)     PREFIX TAG     CREAD CORRECT ACTION SHOULD BE CROSS REFERENCED TO THE PREOPRIME     OWNELTION DEFICIENCY       (W 000)     INITIAL COMMENTS     (W 000)     (W 000)     NOTIFICATION OF LSC. IDENTIFYING INFORMATION)     (W 000)       A revisit was conducted on 10/23/19 for all previous deficiencies cited on 8/22/19 for complaint intakes: NC00154713 and NC00154720. All deficiencies have been corrected, and no new noncompliance was found. The faulity is in compliance with all regulations surveyed.     Image: Noncompliance integration of the image integrated integration of the	VOCA-FREEDOM GROUP HOME				CHARLOTTE, NC 28208				
A revisit was conducted on 10/23/19 for all previous deficiencies cited on 8/22/19 for complaint intakes: NC00154713 and NC00154720. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	FIX     (EACH CORRECTIVE ACTION SHO       G     CROSS-REFERENCED TO THE APPR		LD BE COMPLETION		
previous deficiencies cited on 8/22/19 for complaint intakes: NC00154713 and NC00154720. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.	{W 000}	INITIAL COMMENTS		{W C	000}				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		A revisit was conducted on 10/23/19 for all previous deficiencies cited on 8/22/19 for complaint intakes: NC00154713 and NC00154720. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations							

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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 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.