	-	ID HUMAN SERVICES					APPROVED 0.0938-0391
CENTERS FOR MEDICARE & I STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>′</i>	(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY LETED
		34G201	B. WING _		01/14/2020		
NAME OF PROVIDER OR SUPPLIER VOCA-OAK DRIVE GROUP HOME				54	IREET ADDRESS, CITY, STATE, ZIP CODE 116 OAK DRIVE HARLOTTE, NC 28216	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			
W 227	objectives necessary as identified by the co		W 2	227			
	Based on observatio interview, the team fa support plans (ISPs) (#3, #4, #5 and #6) in	not met as evidenced by: n, review of records and iled to ensure the individual for 4 of 6 sampled clients cluded objective training to re to vocational skills. The					
	revealed no observat participating in vocati #4, #5 and #6 were n vocational program. records on 1/13/20 at clients #3, #4, #5 and training objectives for Observation of clients vocational site on 1/1 the clients to participation	ents #3, #4, #5 and #6 ion of the clients onal training as clients #3, ot in attendance at the Review of vocational the vocational site for #6 revealed no vocational any of the clients. \$#3, #4, #5 and #6 at the 4/20 at 9:15 AM revealed ate in no structured activity to engage each client with					
	ISP for client #3 rever objectives relative to	d 12/12/19. Review of the aled current program eye glasses, laundry, meal e tracing. Further record evealed a vocational					

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

TITLE

(X6) DATE

PRINTED: 01/24/2020

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.

FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING ____ 34G201 B. WING 01/14/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5416 OAK DRIVE VOCA-OAK DRIVE GROUP HOME CHARLOTTE, NC 28216 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 227 Continued From page 1 W 227 enrichment training would be beneficial and appropriate. Review of records for client #4 on 1/14/20 revealed an ISP dated 2/15/19. Further review of the 2/2019 ISP revealed a vocational assessment dated 1/15/19. Review of the 1/2019 vocational assessment revealed training in the area of sorting and manipulation skills are recommended. Review of records for client #5 on 1/14/20 revealed an ISP dated 10/1/19. Further review of the 10/2019 ISP revealed a vocational assessment dated 9/2/19. Review of the 9/2019 vocational assessment revealed a need for training has been identified in the area of academic skills. Further review of the current vocational assessment revealed training in the area of sorting and manipulation skills are recommended. Review of records for client #6 on 1/14/20 revealed an ISP dated 12/12/19. Further review of the 12/2019 ISP revealed a vocational assessment dated 11/12/19. Review of the 11/2019 vocational assessment revealed enrichment training would be appropriate due to various deficits in academic skills (reading, writing, time and currency value). Interview with the qualified intellectual disabilities professional (QIDP) at the vocational site on 1/13/20 verified clients #3, #4, #5 and #6 currently had no formal vocational goals at the vocational site. Interview with administration staff on 1/14/20 verified clients #3, #4, #5 and #6 had started attending the current vocational site on 11/4/19. Interview with the residential QIDP further verified clients #3, #4, #5 and #6 had no

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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				OMB NO. 0938-039				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 34G201			· · ·		· · · ·	(X3) DATE SURVEY COMPLETED		
		B. WING		01/14/2020				
NAME OF PROVIDER OR SUPPLIER VOCA-OAK DRIVE GROUP HOME			s	TREET ADDRESS, CITY, STATE, ZIP CODE				
				416 OAK DRIVE CHARLOTTE, NC 28216				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE		
W 227	Continued From page	ə 2	W 227					
W 252	training objectives at PROGRAM DOCUM CFR(s): 483.440(e)(1	ENTATION	W 252					
	specified in client ind	mplishment of the criteria ividual program plan ocumented in measurable						
	Based on record rev failed to collect data a vocational objectives (#2) and vocational p clients (#2, #3, #4, #5	for 1 of 5 sampled clients rogress notes for 5 of 6						
	vocational objectives	ensure data for 2 of 2 listed in the ISP for client #2 scribed. For example:						
	revealed an ISP date ISP revealed a vocati independently comple consecutive months a program training freq be collected two time collection relative to t 11/2019 no data was	ete a volunteer activity for 6 at 100% by 2/1/20. The uency indicated data was to s weekly. Review of data he objective revealed in collected, in 12/2019 no nd 1/2020 data was current						
		2's record on 1/14/20 d 3/15/19. Review of the						

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	-	ID HUMAN SERVICES				FORM	01/24/2020 APPROVED
CENTERS FOR MEDICARE & I STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		34G201	B. WING		_	01/'	14/2020
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
VOCA-OAK DRIVE GROUP HOME				5416 OAK DRIVE CHARLOTTE, NC 2821	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 252	ISP revealed a vocati independently clean a months at 80% by 2/1 frequency indicated d daily. Review of data objective revealed in collected, in 12/2019 1/2020 data was curre 1/13/20. Interview with the qua professional (QIDP) a 1/14/20 confirmed that objectives was not co Further interview with revealed data was not been absent from the throughout 11/2019 a interview with the voc there was no docume client #2 had not atter program. B. The team failed to notes were completed and #6. For example Review of documenta communication book and #6 revealed docu during the morning sh 1/2020 through the cu 1/14/2020. Further do individual daily comm #2, #3, #4, #5 and #6 relative to the vocatio	and objective to area for 6 consecutive 1/20. The program training lata was to be collected a collection relative to the 11/2019 no data was no data was collected and in ent up to the survey date of alified intellectual disabilities at the vocational site on at data collection for these ompleted as prescribed. In the vocational site QIDP of reflected as client #2 had program many days and 12/2019. Subsequent cational site QIDP revealed entation relative to days inded the vocational of or clients #2, #3, #4, #5 contents #2 contents #2 conten	W 252				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				F	NTED: 01/24/2020 ORM APPROVED NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) [(X3) DATE SURVEY COMPLETED		
34G201		34G201	B. WING	·		01/14/2020		
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
VOCA-OA	K DRIVE GROUP HOME				5416 OAK DRIVE CHARLOTTE, NC 28216			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W 252	Interview with facility clients #2, #3, #4, #5 current vocational site the QIDP at the vocat revealed the individua for all clients should b client status during vo Interview with the res clients take their individual daily to the vocational the residential QIDP r	administration revealed and #6 began attending the e on 11/4/19. Interview with tional site on 1/13/20 al daily communication book be completed daily to reflect ocational site attendance. idential QIDP revealed all ridual communication book I site. Further interview with revealed he did not know completed for clients while	W	252				

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