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

PRINTED: 04/01/2022 FORM APPROVED OMB NO. 0938-0391

TAG REPOLATORY OR LISC IDENTIFYING INFORMATION)  W 000  INITIAL COMMENTS  A complaint survey was completed on 3/23/2022 for intake #NC00186093. No deficiencies were cited.  PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client treecive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure a continuous active treatment program was provided for 1 sampled client (#5) relative to eyeglasses. The finding is:  Afternoon observations in the group home on 3/22/22 from 4:30 PM to 6:30 PM revealed client #5 to participate in various activities including a coloring activity, participate in the dinner meal and chores in the kitchen. At no point during the observation period did staff prompt client #5 to wear her eyeglasses.  Morning observations on 3/23/22 from 6:50 AM to 8:45 AM revealed client #5 to participate in the breakfast		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100 100 100 100 100 100 100 100 100 100	LTIPLE CONSTRUCTION DING		E SURVEY IPLETED
STREET ADDRESS. CITY. STATE. ZIP CODE  STREET ADDRESS. CITY. STATE. ZIP CODE  STANDARD DRIVE  (X4) ID  (X4) ID			34G158	B. WING		03	
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 000  INITIAL COMMENTS  A complaint survey was completed on 3/23/2022 for intake #NC00186093. No deficiencies were cited.  W 249  PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous a treatment. In addition, the QP will conduct client specifics in interdisciplinary team to objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure a continuous activite treatment program was provided for 1 sampled client (#5) relative to eyeglasses. The finding is:  Afternoon observations in the group home on 3/22/22 from 4:30 PM to 6:30 PM revealed client #5 to participate in various activities including a coloring activity, participate in the dinner meal and chores in the kitchen. At no point during the observation period did staff prompt client #5 to wear her eyeglasses.  Morning observations on 3/23/22 from 6:50 AM to 8:45 AM revealed client #5 to participate in the various to participate in warious activities including a puzzle activity, a color activity and to participate in the breakfast					6119 MALLARD DRIVE	1 03	512312022
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meal. Continued observations at 8:40 AM  BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (X6) DATE		Based on observation: interviews, the facility frontinuous active treat provided for 1 sampled eyeglasses. The finding Afternoon observations 3/22/22 from 4:30 PM the facility of the facility of the participate in various activity, participand chores in the kitcher observation period did swear her eyeglasses.  Morning observations of 8:45 AM revealed client various activities included color activity and to particular to particular designs and the particular designs activity and to particular designs activities activity and to particular designs activities a	s, record review and ailed to assure a ment program was client (#5) relative to g is:  s in the group home on 6:30 PM revealed client ous activities including a pate in the dinner meal en. At no point during the staff prompt client #5 to  on 3/23/22 from 6:50 AM to the first to participate in the breakfast vations at 8:40 AM		MAY 0 6 2022		

IER REPRESENTATIVE'S SIGNATURE

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 CMS-2567(02-99) Previous Versions Obsolete

Event ID: 48G411

Facility ID: 922792

If continuation sheet Page 1 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	(X3) DATE SURVEY COMPLETED	
		34G158	B. WING			С	
NAME OF PROVIDER OR SUPPLIER  VOCA-MALLARD DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 6119 MALLARD DRIVE CHARLOTTE, NC 28227	0	3/23/2022		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ILD BE	(X5) COMPLETION DATE	
	revealed this surveyor client #5's eyeglasses revealed staff to accord to look for her eyeglas at 8:45 AM revealed degreglasses.  Review of the record for revealed an individual 1/24/22. Continued reclient #5 has the follow severe; Down's Syndra Continued review of the program goals that clie her eyeglasses daily a linterview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will hide her graff have a hard time interview with staff Docclient #5 will	r to interview staff about . Further observations mpany client #5 in her room sees. Additional observation lient #5 to put on her  for client #5 on 3/23/22 support plan (ISP) dated eview of the ISP revealed eving diagnosis: I/DD, some and impaired vision. The ISP revealed two tent #5 must wear and clean tent #5 must wear and clean the prescribed.  The special of the ISP revealed that the plasses in her room and finding them. Continued the evealed that client #5 does the sabilities professional the sabilities professional the ent #5 should wear her tibed.  TRIATE CLIENT  The inappropriate client the used as a substitute for the gram. The time the sevidenced by:	W 2	249			

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		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE	CONSTRUCTION		E SURVEY
AND	PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING_			IPLETED
			240450	D. MANIE				С
NAN	ME OF P	ROVIDER OR SUPPLIER	34G158	B. WING		TREET ADDRESS CITY CTATE 710 CORE	03	3/23/2022
VOCA-MALLARD DRIVE					TREET ADDRESS, CITY, STATE, ZIP CODE 119 MALLARD DRIVE			
VO.	CM-IVIA	ALLARD DRIVE			С	HARLOTTE, NC 28227		
PF	(4) ID REFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
V		clients (#1). The finding Observations in the gra 3/22/22-3/23/22 reveal in chores, to do activition meal and participate in Continued observation revealed client #1 to gray shower.  Observation in the groad AM revealed client #1 table for breakfast weat the previous day. Con 3/23/22 revealed client the bedroom. Further 8:30 AM revealed client kept outside in a locker Review of records for crevealed an individual standard and should be stealing, physical aggreagitation and elopement documented technique removal of client #1's composition bedroom. Further review to locking up the outdoor shed.  Interview with the staff client #1 was wearing the throughout the observal with the staff revealed coin a lock shed in the basing allock shed in	oup home on led client #1 to participate ies, participate in dinner in breakfast meal. In on 3/22/22 at 5:57 PM to to the bathroom to take a sup home on 3/23/22 at 6:50 to sit at the dining room aring the same clothes from tinued observation on it #1 to not have clothes in observation on 3/23/22 at int #1's clothes were being it shed.  Client #1 on 3/23/22 support plan (ISP) dated view of ISP for client #1 pport plan (BSP) dated aviors of food seeking, ession, verbal aggression, int. At no time was provided to address the lothing from the client's wo of client #1's record did rm signed by the guardian e client's clothing in the same clothes tions. Continued interview client #1's clothes are kept	W	2288	The client #1 clothing will be plan back in their possession (bedroof The QP will implement a new go to teach client; train client; how torganize and manage her clothin items.  To be completed by 5/13/2022	om). oal o	

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	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G158	B. WING		С
NAME OF F	PROVIDER OR SUPPLIER	340130	D. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	03/23/2022
VOCA-MALLARD DRIVE			6119 MALLARD DRIVE CHARLOTTE, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
W 288	Interview with the qual developmental disabiliconfirmed client #1's licurrent. Continued intervealed client #1 wou and mom wanted client outside shed. Further confirmed that training address client #1's bet EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shed on review of refacility failed to show ewere conducted with earelative to first and third Review of the facility fir through 2/22 revealed of 7/21, 8/21, 9/21, and 12 fire drill reports reveale conducted on 2/2/22 are completed on 3/27/21. documentation availabilithird shift drills during the later with the qualification of the professional (QIDP) on fire drills should have befor each shift. Continued confirmed there was no	lified intellectual ties professional (QIDP) SP dated 3/18/22 was erview with the QIDP ald throw clothes in trash at # 1's clothes kept in the interview with QIDP needs to be in place to navior.  The finding is:  The drill reports from 3/21 missing fire drills for 5/21, 2/21. Further review of the d a second shift drill There was no additional te conducting second and	W 2	DEFICIENCY)	e