STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G201	A. BUILDING _____ B. WING _____	C 01/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-OAK DRIVE GROUP HOME	5416 OAK DRIVE CHARLOTTE, NC 28216

(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 A complaint survey was completed on 1/3/23 for intake #NC00195184. A deficiency was cited.	W 000		
W 153	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on facility record, documentation review and interviews, the facility failed to ensure an injury was reported to external officials in accordance with state law for 3 of 4 incidents reviewed. The finding is: During a complaint survey on 1/3/23, review of facility incident reports dated 1/2022- 12/2022 revealed incidents on 1/12/22, 1/27/22, 3/21/22, 5/25/22, 9/26/22 and 10/23/22. Review of the 1/12/22 incident revealed at 7:53 AM client #1 was trying to get up to go to the bathroom and fell and hit his head. Continued review of the discharge paperwork revealed the client had a cut on the head scalp laceration, staples/sutures were administered. Review of the 1/27/22 incident report revealed while staff was assisting client #1 to the bathroom with his walker, the client begin to fall, in the process of catching him the client and staff fell forward. Continued review revealed the client hit his left side of his face on the walker. Further review revealed the client was transported to the hospital with facial laceration, facial fracture, nose	W 153		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G201	A. BUILDING _____ B. WING _____	C 01/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 153	Continued From page 1	W 153		

fracture and received two stitches placed to the face. left eyebrow and left upper lip.

Review of the 10/23/22 incident report revealed at 8:20 AM client #1 was trying to sit up in his wheelchair, staff was placing his clothes in the hamper and saw client #1 trying to prevent the wheelchair from falling backwards. Continued review revealed the wheelchair tilted while staff was trying to prevent client #1 from falling, and he did hitting his head on the night stand in his bedroom. Further review revealed client #1 was taken to the emergency room for facial laceration and received sutures on his forehead.

A review of incident notifications revealed the immediate supervisor, site supervisor, agency nurse, qualified intellectual developmental professional (QIDP) and client #1's guardian were notified . Continued review revealed no evidence of an incident report completed within the Incident Response Improvement System (IRIS).

Review of client #1's record revealed hospital discharge summaries dated 1/12/22, 1/27/22, 3/21/22, and 10/23/22 where sutures were administered.

Interview with the QIDP and home manager (HM) on 1/3/23 verified the incidents and hosptuial visits did occur. Continued interview with the QIDP provided an IRIS report for the 3/21/22 incident, however there were no other IRIS reports for the surveyor to review relative to the 1/12/22, 1/27/22, and 10/23/22 incidents. Further interview with the QIDP verified additional IRIS reports had not been completed or located for review.