STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G290	A. BUILDING ______ B. WING ______	C 05/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-OAKHAVEN DRIVE GROUP HOME	12516 OAKHAVEN DRIVE CHARLOTTE, NC 28273

(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 5/22/23 for intake #NC00201815 and #NC00202439. The complaints were unsubstantiated. However deficiences were cited unrelated to the allegations.	W 000		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on review of facility records and interview, the facility failed to provide evidence an allegation of abuse was thoroughly investigated for 1 of 1 investigation reviewed involving client #6. The finding is: Review of internal facility documents on 5/22/23 revealed an internal investigation summary which states that on 5-12-23 a qualified intellectual developmental professional (QIDP) investigated at the request of the facility Executive Director and Program Manager concerns received via state officials regarding possible client abuse. Review of staff interview summaries revealed the alleged staff stated that client #6 was at school when she received a call stating that client needed to be picked up because he had an accident on himself. Staff also stated that she proceeded to pick the client up from school, took him home, showered and changed his clothes and took him back to school. Staff also stated that she told the client that he needs to let someone know when he needed to go to the bathroom and to stop acting up at school. Staff also stated that client #6 was in a good mood	W 154		

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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W 154	Continued From page 1	W 154		

when she picked him up from school and when he returned to school. Staff also stated the client was talking the whole time back to school. Staff stated that she could not remember what the client was talking about because he was talking about a little bit of everything. Staff also stated she has not witnessed any form of abuse or neglect at Oakhaven Group Home.

Review of an IRIS report completed on 5/12/23 revealed on 5/11/23 client #6 urinated on the floor and wiped it up with his shirt and wore the shirt to school. Staff picked him up from school and took him back home and had him shower and change clothes and took him back to school. The client stated to school officials that staff told 'him don't do anything wrong or I will beat the "S"out of you". Client #6 also told school officials that staff held him down in chairs and slams him into the wall. The alleged staff was placed on administrative leave on 5/12/23 pending the results from the internal investigation. Continued review revealed a completed HCPR.

Review of summaries of clients' interviews revealed client #6 stated he likes living at Oakhaven sometimes because he has never lived in Charlotte, and he misses home. Everyone is nice to him except for another client. He is the only one in the home that curses but only in his rap music. The client stated he knew what lying means and why would he not know what lying is when it means not telling the truth. The client also stated that he understands what a threat means and that no one has ever threatened him at Oakhaven. When asked if he remembered what he told his teacher, client #6 started laughing and stated he told a lie. Client #6 also stated that all the staff is nice to him.

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Review of four clients' interviews living in the home reported that no one has been mean to them or curse around them except for client #6. All four clients also stated that all the staff have been nice to them.

Review of factual findings of the investigation revealed that client #6 stated he told a lie. Client #6 also stated that everyone in the house is nice to him and he likes living at Oakhaven sometimes and that staff is nice to all clients.

Review of the conclusion of the investigation revealed, based on verbal statements and a review of the supporting documentation, the allegation of abuse is unsubstantiated that staff was verbally or physically abusive to client #6. Continued review revealed staff will be in-service on client specifics, abuse, neglect and exploitation and client rights. Further review revealed in-service trainings dated 5/19/23 for abuse, neglect and exploitation, client specific and client rights were completed.

Review of client #6 record revealed an ISP dated 2/1/23 with an admission date of 1/2/23. Continued review revealed a diagnosis of Autism Spectrum D/O, Mild IDD, ADHD, Enuresis, and Encopresis. Further review revealed a BSP dated 2/2/24 which addresses the following target behaviors; physical aggression, verbal aggression/agitation, property destruction, noncompliance.

Interview with the facility QIDP on 5/22/23 revealed he was not involved with the investigation but do know that the alleged staff was placed on administrative leave on 5/12/23

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W 154	Continued From page 3 and returned on 5/19/23. Mecklenburg County DSS made the facility aware that client #6 had been going to school with the same clothes on for days at a time. Continued interview revealed that the facility nurse went out and conducted body checks on all clients after DSS's initial visit. Review of documentation revealed on 5/15/23 an emergency core team meeting was held to discuss client #6 behaviors and making false allegations about staff. Continued review revealed client #6's behavior support plan (BSP) will be updated to to reflect lying, stealing and making false allegations. Interview with the facility nurse revealed she completed CNC Head and Body checks on client #6 at Oakhaven on 5/15/23 and did not find or see any bruises or cuts. Continued interview revealed upon admission client #6 had dark veins around both eyes and a permanent marking near the left eye which stemmed from being involved in a car accident per client. Further interview revealed the client was also admitted with a permanent bruise area on his left ankle which stemmed from getting bitten by a dog when he was younger, per client. Interview with the QIDP who completed the investigation revealed she was provided with the information relative to the investigation on 5/12/23 and the alleged staff was already placed on administrative leave on 5/11/23. Continued interview confirmed following the conclusion of the investigation, the allegation was unsubstantiated and staff returned to work. Further interview revealed the alleged staff were the only staff interviewed and was told that no other staff needed to be documented during this	W 154		

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

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W 154	Continued From page 4 investigation. Interview with the quality assurance (QA) Manager confirmed that all staff should have been interviewed during the investigation. Continued interview with the QIDP and QA Manager confirmed the investigation failed to include other staff interviews to ensure thorough interviews with investigating an allegation of abuse. Other interviews would have helped in determining if other incidents of possible abuse could have occurred and had not been reported.	W 154		