

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

PRINTED: 07/13/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G220	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/12/2023
NAME OF PROVIDER OR SUPPLIER VOCA-WILSON AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2103 WILSON AVENUE CHARLOTTE, NC 28208		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure privacy was maintained during personal care. This affected 1 of 4 audit clients (#5). The finding is:</p> <p>During observations in the home on 7/12/23 at 6:50 AM, client #5 was observed in the bathroom, taking a shower while being assisted by Staff A. During this time, the door to the bathroom remained open approximately 6 inches, and client #5 could be seen in the shower from the hallway. At 6:55 AM, client #5 and Staff A exited the bathroom, walked across the hall and into client #5's bedroom. Client #5 was not wearing any clothing, and one of his peers was standing in the hallway. After entering his bedroom, Staff A assisted client #5 with getting dressed, and the door of his bedroom remained open at all times.</p> <p>Interview on 7/12/23 with the qualified intellectual disabilities professional (QIDP) confirmed that client #5 should have been prompted to close the door to the bathroom and bedroom and should have been wearing something to cover up with to ensure his privacy. Additional interview revealed if client #5 did not close the door, staff should have closed it.</p>	W 130			

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.