| | - | ID HUMAN SERVICES MEDICAID SERVICES | | | FOF | RM APPROVED IO. 0938-0391 | | |
|--------------------------|---|--|---------------------|---|----------------------------|------------------------------|--|--|
| STATEMENT O | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · · · | | (X3) DAT | TE SURVEY MPLETED | | |
| | | 34G289 | B. WING | | 1: | 2/19/2023 | | |
| NAME OF PI | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | • | | | |
| VOCA-SA | NDBURG GROUP HOME | | | 9317 SANDBURG AVENUE CHARLOTTE, NC 28213 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | CTION DULD BE ROPRIATE | (X5) COMPLETION DATE | | | |
| W 226 | client, an individual pr This STANDARD is r Based on record revia failed to implement ar within 30 days of adm (#4). The finding is: Review of record for or revealed an admissio review revealed an IS for client #4. Further r training objective to in Community In Home/ teeth thoroughly, bath |) admission, the must prepare, for each rogram plan. not met as evidenced by: ew and interview, the facility in individual service plan hission for 1 sampled client client #4 on 12/19/23 n date of 8/7/23. Continued P implemented on 9/14/23 review revealed formal nclude: participate in Cultural Awareness, brush he thoroughly, discard trash ls, participate in scheduled | W 22 | 6 | | | | |
| W 249 | professional (QIDP) of #4's admission and IS QIDP additionally corr should have been corr the client's admission PROGRAM IMPLEMI CFR(s): 483.440(d)(1 As soon as the interd formulated a client's i each client must rece treatment program corr interventions and serv and frequency to sup | ENTATION) isciplinary team has ndividual program plan, ive a continuous active | W 24 | 9 | | | | |

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

TITLE

(X6) DATE

PRINTED: 12/22/2023

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.

| | MENT OF HEALTH AN S FOR MEDICARE & I | D HUMAN SERVICES | | | | FORM | 2: 12/22/2023 APPROVED 2: 0938-0391 |
|--------------------------|--|---|---------------------|------------------------------|--|-------------------|---|
| STATEMENT (| DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | E CONSTRUCTION | | (X3) DATE COMP | SURVEY |
| | | 34G289 | B. WING | | _ | 12/ | 19/2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | | S | TREET ADDRESS, CITY, ST | ATE, ZIP CODE | - | |
| | | | 9 | 317 SANDBURG AVENUE | | | |
| VOCA-SA | NDBURG GROUP HOME | | C | CHARLOTTE, NC 2821 | 3 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORREC CROSS-REFERE | BLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| W 249 | Continued From page | ÷ 1 | W 249 | | | | |
| | Based on observation interviews, the facility received a continuous consisting of needed i as identified in the lno for 6 of 6 clients relati- objectives. The finding A. Observations in the during the hours of 4:1 revealed client #1 to s her room. Continued of #1 to eat dinner in her the kitchen, then return observations revealed client #1 wanted to pla responded no. Subsec client #1 to stand in the dining room, living roo the van for a schedule observations on 12/1 AM revealed client #1's Observations at 7:35 A participate in medicati- returned to her room. 7:45AM revealed client room, high five staff B Thursday/daddy" ther Subsequent interview #1 had eaten breakfast | e group home on 12/18/23 00 PM to 5:30 PM client spend most of the time in observation revealed client room, return the dishes to m back to her room. Further d at 4:50 PM staff B to ask if ay connect four and she quent observations revealed he kitchen area, walk to the om then proceeded to get on ed outing. Additional eveal staff to offer or training objectives. 9/23 from 6:30 AM to 8:00 to sit in her room, come to elf a cup of milk, drink it, her room. Continued AM revealed client #1 to ion administration then Further observations at ht #1 to enter the living | | | | | |

Facility ID: 944694

If continuation sheet Page 2 of 11

| | | ID HUMAN SERVICES MEDICAID SERVICES | | | | FOR | D: 12/22/2023 M APPROVED D. 0938-0391 |
|--------------------------|--|--|-------------------|---------|--|-----------|---|
| STATEMENT (| DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ì í | | E CONSTRUCTION | (X3) DATE | E SURVEY PLETED |
| | | 34G289 | B. WING | | | 12 | /19/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | | • | S | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| VOCA-SA | NDBURG GROUP HOME | | | | 0317 SANDBURG AVENUE CHARLOTTE, NC 28213 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | I IX | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETION DATE |
| W 249 | offer leisure activities training objectives. Review of record for of revealed an ISP dated of the ISP revealed tra- speech (point to/touck speech (state/repeat/ participate in Commu- teeth thoroughly, part participate in learning completing steps, part activities, and integrat dining. Interview with the qua- developmental profess revealed client #1's tr current. Continued int revealed staff should training objectives as B. Observations in the during the hours of 4: revealed client #3 to se unengaged sitting in to observation revealed dinner, then escorted room. Further observat offer leisure activities training objectives. Observations on 12/1 AM revealed client #3 room unengaged thro | or implement client #1's client #1 on 12/19/23 d 11/3/23. Continued review aining objectives to include; n/say what she wants), point to upcoming activity), nity/Cultural outing, brush icipate in physical activity, the garden process by ticipate in pre-vocational te back into family style alified intellectual sional (QIDP) on 12/19/23 aining objectives are rerview with the QIDP implement client # 1's written. e group home on 12/18/23 00 PM to 5:30 PM client spend most of the time he living room. Continued client #3 to participate in by staff back to the living ations revealed at 5:10 PM, a van for a scheduled outing. ions did not reveal staff to or implement client #3's 9/23 from 6:30 AM to 8:00 a to sit in a chair in the living | W | 249 | | | |

Facility ID: 944694

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| | - | D HUMAN SERVICES MEDICAID SERVICES | | | | | FORM |): 12/22/2023 MAPPROVED). 0938-0391 |
|--------------------------|--|---|---------------------|----|--|---|-----------|--|
| STATEMENT C | FOR MEDICARE & T | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | , í | | CONSTRUCTION | | (X3) DATE | |
| | | 34G289 | B. WING | | | | 12/ | 19/2023 |
| NAME OF PF | ROVIDER OR SUPPLIER | | | ST | REET ADDRESS, CITY, STAT | E, ZIP CODE | | |
| VOCA-SAI | NDBURG GROUP HOME | | | | 17 SANDBURG AVENUE HARLOTTE, NC 28213 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | | (EACH CORRECT CROSS-REFERENC | LAN OF CORRECTION IVE ACTION SHOULD BI ED TO THE APPROPRIA FICIENCY) | | (X5) COMPLETION DATE |
| W 249 | administration and two Further observations of leisure activities or im objectives. Review of record for of revealed an individual 1/17/23. Continued ret training objectives to in Community In Home/of teeth, communication object cue, move to loc (given 2 objects), make wash hands thorough thoroughly, and close Interview with the quad developmental profess revealed client #3's tra- current. Continued intervealed staff should training objectives as C. Observations in the during the hours of 4: revealed client #4 to se unengaged sitting in t Continued observation participate in dinner, t Further observations a #4 to get on the van fo Subsequent observation offer leisure activities training objectives. Observations on 12/1 | kfast meal, medication o visits to the bathroom. did not reveal staff to offer plement client #3's training stient #3 on 12/19/23 support plan (ISP) dated view of the ISP revealed nclude; participate in Cultural awareness, swab (when presented with an ocation), communication the request using signs, after bathroom use, bathe bathroom door for privacy. lified intellectual sional (QIDP) on 12/19/23 aining objectives are erview with the QIDP implement client # 3's written. e group home on 12/18/23 00 PM to 5:30 PM client spend most of the time he living room and his room. In revealed client #4 to hen back to his room. at 5:10 PM revealed client or a scheduled outing. ons did not reveal staff to or implement client #4's 9/23 from 6:30 AM to 8:00 | W 2 | 49 | | | | |
| | training objectives. Observations on 12/1 AM revealed client #4 | 9/23 from 6:30 AM to 8:00 | | | | | | |

Facility ID: 944694

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| | - | D HUMAN SERVICES MEDICAID SERVICES | | | | | FORM |): 12/22/2023 MAPPROVED). 0938-0391 |
|--------------------------|---|---|-------------------|-----|---|--|-----------|--|
| STATEMENT (| OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | | LE CONSTRUCTION | | (X3) DATE | |
| | | 34G289 | B. WING | | | _ | 12/ | 19/2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, ST | ATE, ZIP CODE | | |
| VOCA-SA | NDBURG GROUP HOME | | | | 9317 SANDBURG AVENUE CHARLOTTE, NC 28213 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | IX | (EACH CORREC CROSS-REFEREN | BPLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| W 249 | administration, then re observations did not r activities or implement objectives for 90 minu Review of record for or revealed an ISP dated of the ISP revealed tra participate in Commu Awareness, brush tee thoroughly, discard tra participate in Schedul privacy. Interview with the qua developmental profes revealed client #4's tra current. Continued interview training objectives as D. Observations in the between 4:00pm to 53 spend most of the tim living room while tv we music. Continued obs to participate in dinne went to his room, put and return to living roo Further observations #2 was prompt to cha van for a scheduled o observations did not r activities or implement objectives. | kfast meal and medication eturned to his room. Further eveal staff to offer leisure t client #4's training ites of unengaged time. client #4 on 12/19/23 d 9/14/23. Continued review aining objectives to include : nity In Home/Cultural th thoroughly, bathe ash and dishes after meals, ed Bladder Program, and lified intellectual sional (QIDP) on 12/19/23 aining objectives are review with the QIDP implement client # 4's written. e group home on 12/18/23 30pm revealed client #2 to e unengaged sitting in the as on playing Christmas revation revealed client #2 r, take out the trash, then on his Christmas pajamas om to sit on the sofa. revealed at 5:10 PM, client nge clothes and get on the uting. Subsequent eveal staff to offer leisure t client #2's training | W | 249 | | | | |
| | Observations on 12/1 | 9/23 between 6:30am to | | | | | | |

Facility ID: 944694

If continuation sheet Page 5 of 11

| | | | 0.00 | | | 10.0938-03 | |
|--------------------------|-------------------------------|---|---------------------|---|----------|---------------------------|--|
| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | • • | PLE CONSTRUCTION G | · · · | TE SURVEY MPLETED | |
| | | 34G289 | B. WING | | 1 | 2/19/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | - | | |
| VOCA-SA | NDBURG GROUP HOME | | | 9317 SANDBURG AVENUE CHARLOTTE, NC 28213 | | | |
| (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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETIO DATE | |
| W 249 | Continued From page | 2.5 | W 24 | 49 | | | |
| | | nt #2 sitting on the living | 112 | | | | |
| | | in hand while Christmas | | | | | |
| | music play on tv. Con | | | | | | |
| | - | participate in the breakfast | | | | | |
| | meal and medication | room. Further observations | | | | | |
| | | sist client #2 to the dining | | | | | |
| | | a connect four game and | | | | | |
| | | then left client #2 to sit at the | | | | | |
| | client #2 did not play | ervations also revealed | | | | | |
| | | his straw. Subsequent | | | | | |
| | observations did not r | • | | | | | |
| | implemented client #2 | 2's training objectives. | | | | | |
| | Review of record for o | rlient #2 on 12/19/23 | | | | | |
| | | I support plan (ISP) dated | | | | | |
| | 6/16/23. Continued re | eview of the ISP revealed | | | | | |
| | training objectives to | | | | | | |
| | | hly, brush teeth thoroughly, on skills, participate in | | | | | |
| | gardening, exercise, a | | | | | | |
| | Interview with the qua | alified intellectual | | | | | |
| | | sional (QIDP) on 12/19/23 | | | | | |
| | revealed client #2's tr | | | | | | |
| | current. Continued int | | | | | | |
| | training objectives as | implement client # 2's written. | | | | | |
| | F. Observations in the | e group home on 12/18/23 | | | | | |
| | | :30pm revealed client #5 | | | | | |
| | - | e unengaged sitting in the | | | | | |
| | - | as on playing Christmas | | | | | |
| | | servation revealed client #5 | | | | | |
| | | r, then return to living room er observations revealed at | | | | | |
| | | is prompt to get on the van | | | | | |
| | | g. Subsequent observations | | | | | |

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| | - | D HUMAN SERVICES | | | | FORM | : 12/22/2023 APPROVED |
|--------------------------|--|---|---------------------|--------------------------------------|----------|----------------------|----------------------------|
| STATEMENT (| DF DEFICIENCIES CORRECTION | MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | (X3) DATE : COMPL | |
| | | 34G289 | B. WING | | | 12/1 | 9/2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | | S | TREET ADDRESS, CITY, STATE, 2 | ZIP CODE | | |
| | | | 9 | 317 SANDBURG AVENUE | | | |
| VOCA-SA | NDBURG GROUP HOME | | c | HARLOTTE, NC 28213 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE CROSS-REFERENCED | | | (X5) COMPLETION DATE |
| W 249 | did not reveal staff to implement client #5's Observations on 12/1 8:00am revealed client room while Christmass Continued observatio participate in the breat to the living room. Sul not reveal staff to offer implement client #5's Review of record for of revealed an individua 03/03/23. Continued of training objectives to Thoroughly, Tolerate Glasses Daily, Set Ta Hygiene. Interview with the qua developmental profes revealed client #5's tr current. Continued inf revealed staff should training objectives as F. Observations in the between 4:00pm to 5: spent most of the time living room while tv w music. Continued obs to participate in dinne to sit on the sofa. Fur at 5:10 PM, client #6 van for a scheduled of | offer leisure activities or training objectives. 9/23 between 6:30am to at #5 sitting in the living music play on tv. ns revealed client #5 to kfast meal and then return beequent observations did r leisure activities or training objectives. client #5 on 12/18/23 I support plan (ISP) dated review of the ISP revealed include: Brush Teeth Lab Procedures, Wear ble, and Increase Personal lified intellectual sional (QIDP) on 12/19/23 aining objectives are review with the QIDP implement client # 5's written. e group home on 12/18/23 30pm revealed client #6 e unengaged sitting in the as on playing Christmas rervation revealed client #6 r, then return to living room ther observations revealed was prompt to get on the uting. Subsequent eveal staff to offer leisure | W 249 | | | | |

Facility ID: 944694

If continuation sheet Page 7 of 11

| | MENT OF HEALTH AN S FOR MEDICARE & I | D HUMAN SERVICES | | | | FORM | D: 12/22/2023 APPROVED D: 0938-0391 |
|--------------------------|--|--|-------------------|-----|--|-----------|---|
| STATEMENT (| DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | | E CONSTRUCTION | (X3) DATE | |
| | | 34G289 | B. WING | | | 12/ | 19/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | | • | S | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| VOCA-SA | NDBURG GROUP HOME | | | | 317 SANDBURG AVENUE CHARLOTTE, NC 28213 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| W 249 | Continued From page | 7 | w | 249 | | | |
| W 262 | 8:00am revealed clier room while Christmass Continued observatio participate in the breat to the living room. Sul not reveal staff to offer implement client #6's Review of record for or revealed an individual 03/03/23. Continued of training objectives to it Place in Dishwasher, making bed), Receptit directions to put cloth Participate in Commu Awareness, participate Participate in Pre-voc and Wash Hands. Interview with the qua developmental profess revealed client #6's tra- current. Continued int revealed staff should training objectives as PROGRAM MONITO CFR(s): 483.440(f)(3) The committee should monitor individual pro inappropriate behavio in the opinion of the or client protection and r This STANDARD is r | ns revealed client #6 to kfast meal and then return bsequent observations did r leisure activities or training objectives. client #6 on 12/18/23 I support plan (ISP) dated review of the ISP revealed include: Rinse Dishes then Speech (7 prompts to ve Communication (follow ing in laundry basket), nity in Home/Cultural e completing oral swab, ational Activities, Bathing, alified intellectual sional (QIDP) on 12/19/23 aining objectives are erview with the QIDP implement client # 6's written. RING & CHANGE (i) d review, approve, and grams designed to manage r and other programs that, ommittee, involve risks to | v | 262 | | | |

Facility ID: 944694

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| | - | D HUMAN SERVICES | | | | | FORM |): 12/22/2023 I APPROVED |
|--------------------------|--|---|-------------------|-----|--------------------------------------|--|-------------------------------|-----------------------------|
| STATEMENT C | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | , í | | | | (X3) DATE SURVEY COMPLETED | |
| | | 34G289 | B. WING | | | | 12/ | 19/2023 |
| NAME OF PF | ROVIDER OR SUPPLIER | | | S | TREET ADDRESS, CITY, STATE, | ZIP CODE | | |
| VOCA-SA | NDBURG GROUP HOME | | | | 317 SANDBURG AVENUE | | | |
| | | | | L C | HARLOTTE, NC 28213 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | (EACH CORRECTIVE CROSS-REFERENCED | N OF CORRECTION E ACTION SHOULD BI TO THE APPROPRIA CIENCY) | | (X5) COMPLETION DATE |
| W 262 | Continued From page | | w | 262 | | | | |
| | and #6) were reviewe | estrictive behavior audit clients (#1, #3, #4, #5 d and monitored by the ee (HRC). The findings | | | | | | |
| | Support Plan (BSP) d target behaviors cons aggression, property o aggression, SIB, and Further review on 12/ | damage, agitation, verbal | | | | | | |
| | 02/15/23 revealed targinappropriate masturb area, persistent food s self-injurious behavior | r. Further review on BSP revealed no written | | | | | | |
| | 10/31/23 revealed tar Anxiety/Agitation relat refusing to attend med | 3 of client #4's BSP dated get behaviors consisting of ted to specific fears and dical appointments. Further f client #4's BSP revealed no d by the HRC. | | | | | | |
| | 04/05/23 revealed targ physical aggression, s crying (guidelines). Fu | 3 of client #5's BSP dated get behaviors consisting of self-injurious behaviors, and urther review on 12/19/23 of led no written consent | | | | | | |
| | | 3 of client #6's BSP dated get behaviors consisting of s and feces smearing. | | | | | | |

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| | | | ()(0) | | OMB NO. | | |
|--------------------------|--|---|---------------------|---|------------------------|----------------------------|--|
| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · · · | | (X3) DATE SI COMPLE | | |
| | | 34G289 | B. WING | | 12/19 | 9/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | • | | STREET ADDRESS, CITY, STATE, ZIP CODE | | | |
| VOCA-SA | NDBURG GROUP HOME | E | | 9317 SANDBURG AVENUE CHARLOTTE, NC 28213 | | | |
| (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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETIOI DATE | |
| W 262 | Further review on 12 | e 9 /19/23 of client #6's BSP onsent signed by the HRC. | W 262 | 2 | | | |
| W 454 | | s professional (QIDP) no updated HRC consents #5 or #6. OL | W 454 | 1 | | | |
| | The facility must prov | vide a sanitary environment transmission of infections. | | | | | |
| | Based on observation failed to ensure proper procedures were follo client health/safety and cross-contamination. | owed in order to promote nd prevent possible This potentially affected 6 of #4, #5, and #6) residing in | | | | | |
| | revealed clients #1, # prompted to come inf Continued observatio #5, and #6 came to th the living room and c dining room table from were clients #1, #2, # | tion on 12/18/23 at 4:18PM, 42, #3, #4, #5, and #6 were to the dining room for dinner. ons revealed clients #2, #3, he dining room table from lients #1 and #4 came to the m their bedrooms. At no time 43, #4, #5, and #6 prompt to or to coming to dinner, nor sanitizer on the table. | | | | | |
| | revealed clients #1, # prompted to come inf | n on 12/19/23 at 6:53AM, 2, #3, #4, #5, and #6 were to the dining room for observations revealed | | | | | |

Facility ID: 944694

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| | | ID HUMAN SERVICES MEDICAID SERVICES | | | | FORM |): 12/22/2023 APPROVED). 0938-0391 |
|--------------------------|---|---|---------------------|---|--|-----------|---|
| STATEMENT (| DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · · / | CONSTRUCTION | | (X3) DATE | |
| | | 34G289 | B. WING | | _ | 12/ | 19/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | | S | TREET ADDRESS, CITY, ST | TATE, ZIP CODE | | |
| VOCA-SA | NDBURG GROUP HOME | | | 317 SANDBURG AVENUE CHARLOTTE, NC 2821 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC 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 454 | dining room table after room and clients #2, # dining room table from during the observation #4, #5, and #6 promp to coming to dinner. B. During an observat 4:00PM- 5:10PM, rev and chewing on a stra revealed client #2 to p sofa and the client #2 to p sofa and the client #2 to p sofa and the client wo hall then return to soft straw. At no point dur client #2 prompted to old straw into the trass During an observation 6:30AM- 8:00AM, rev and chewing on the s no point during observ to change straws or the trash. Interview on 12/19/23 intellectual disabilities revealed staff should #3, #4, #5 and #6 to w mealtimes. QIDP also enjoys playing with ar has a box of straws to Continued interview w | e already sitting at the er walking out of the living #3, #4 and #5 came to the in the hallway. At no time ins were clients #1, #2, #3, t to wash their hands prior tion on 12/18/23 between ealed client #2 playing with aw. Continued observations but the straw down on the build pace up and down the a and play and chew on the ing the observation was change straws or throw the h. n on 12/19/23 between ealed client #2 playing with ame straw from 12/18/23. At vation was client #2 prompt nrow the old straw into the with the qualified is professional (QIDP) have prompt clients #1, #2 wash their hands before all o revealed that client #2 ind chewing on straws; he | W 454 | | | | |

Facility ID: 944694

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