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

PRINTED: 08/29/2024 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  VOCA-WOODBRIDGE ROAD GROUP HOME  STREET ADDRESS, CITY, STATE, JIP CODE 9901 WOODBRIDGE ROAD CHARLOTTE, NC 28227  PRINT (RACHOEF) CHARLOTTE, NC 28227  PRINT (REGULATORY OR LSC IDENTIFYING INFORMATION)  W 000  INITIAL COMMENTS  A complaint survey was completed on 8/26/24 for Intake #NC00219843 and Intake #NC00219853. The allegations were substantiated and no deficiencies were cited.  In addition, a follow-up survey was completed on 8/26/24. All deficiencies have been corrected and no new non-compliance was found.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  VOCA-WOODBRIDGE ROAD GROUP HOME  (A) ID SUMMARY STATEMENT OF DEFICIENCIES TAG  (B) ID SUMMARY STATEMENT OF DEFICIENCIES TAG  (CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 000  INITIAL COMMENTS  A complaint survey was completed on 8/26/24 for Intake #NC00219843 and Intake #NC00219853. The allegations were substantiated and no deficiencies were cited.  In addition, a follow-up survey was completed on 8/26/24, All deficiencies have been corrected and no new non-compliance was found.							С	
Sept WOODBRIDGE ROAD  (MA) ID PREFIX TAG  WOOD  INITIAL COMMENTS  A complaint survey was completed on 8/26/24 for Intake #NC00219843 and Intake #NC00219853. The allegations were substantiated and no deficiencies were cited.  In addition, a follow-up survey was completed on 8/26/24 for Intake #Nc00219843 and Intake #Nc00219853. The allegations were substantiated and no deficiencies were cited on 5/23/24. All deficiencies have been corrected and no new non-compliance was found.	34G165			B. WING		<del></del>	08/26/2024	
VOCA-WOODBRIDGE ROAD GROUP HOME   CHARLOTTE, NC 28227     (24) ID   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFEX TAG   PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE								
(M4) ID PREFEX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  W 000 INITIAL COMMENTS  A complaint survey was completed on 8/26/24 for Intake #NC00219843 and Intake #NC00219853. The allegations were substantiated and no deficiencies were cited.  In addition, a follow-up survey was completed on 8/26/24. All deficiencies have been corrected and no new non-compliance was found.	VOCA-WOODBRIDGE POAD GROUP HOME				5901 WOODBRIDGE ROAD			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  W 000  INITIAL COMMENTS  A complaint survey was completed on 8/26/24 for Intake #NC00219843 and Intake #NC00219853. The allegations were substantiated and no deficiencies were cited.  In addition, a follow-up survey was completed on 8/26/24. All deficiencies was been corrected and no new non-compliance was found.	VOCA-WOODBRIDGE ROAD GROUP HOWE			CHARLOTTE, NC 28227				
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		Intake #NC002198 The allegations we deficiencies were of the street of t	43 and Intake #NC00219853. re substantiated and no cited.  y-up survey was completed on ciencies cited on 5/23/24. All peen corrected and no new					
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	LAROPATORY	/ DIRECTOR'S OR BROVIE	TER/SLIDDLIER DEDDESENTATIL/EIS SICK	JATLIDE	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.