PRINTED: 10/17/2024 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G139	B. WING_			10/	09/2024
	ROVIDER OR SUPPLIER RWICH ROAD GROUP H	ОМЕ	STREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORWICH ROAD CHARLOTTE, NC 28227		E		•
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE		(X5) COMPLETION DATE
E 039	CFR(s): 483.475(d)(2) §416.54(d)(2), §418.1 §460.84(d)(2), §482.1 §483.475(d)(2), §484 §485.542(d)(2), §485 §485.920(d)(2), §491 *[For ASCs at §416.5- at §485.542, OPO, "C §485.727, CMHCs at §491.12, and ESRD F (2) Testing. The [facilit to test the emergency must do all of the follo (i) Participate in a full- community-based eve (A) When a commun accessible, conduct at exercise every 2 year (B) If the [facility] natural or man-made activation of the emert exempt from engaging community-based or if functional exercise for actual event. (ii) Conduct an addition years, opposite the years, opposite years, opp	alta(d)(2), §441.184(d)(2), 5(d)(2), §483.73(d)(2), 102(d)(2), §485.68(d)(2), 625(d)(2), §485.727(d)(2), 12(d)(2), §494.62(d)(2). 4, CORFs at §485.68, REHs organizations" under §485.920, RHCs/FQHCs at Facilities at §494.62]: ty] must conduct exercises or plan annually. The [facility] owing: -scale exercise that is ery 2 years; or ity-based exercise is not facility-based functional s; or experiences an actual emergency that requires gency plan, the [facility] is go in its next required individual, facility-based llowing the onset of the onal exercise at least every 2 ear the full-scale or of the detail or the facility of ted, that may include, but is wing: e exercise that is individual, facility-based or of the facility-based or of th	E	TITLE			(X6) DATE

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

(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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G139	B. WING			10/	/09/2024
	ROVIDER OR SUPPLIER RWICH ROAD GROUP	номе	·	1006 N	T ADDRESS, CITY, STATE, ZIP CODE IORWICH ROAD LOTTE, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
E 039	a narrated, clinically scenario, and a set directed messages, designed to challeng (iii) Analyze the [fac maintain documenta exercises, and emer [facility's] emergenc *[For Hospices at 4' (2) Testing for hosp patient's home. The exercises to test the annually. The hosp (i) Participate in a frommunity based et (A) When a community based et (A) When a community based et (B) If the hospice exman-made emerger the emergency plan engaging in its next community-based efacility-based functionset of the emerge (ii) Conduct an add opposite the year the exercise under para is conducted, that met to the following: (A) A second full-socommunity-based of exercise; or (B) A mock disaster (C) A tabletop exercise.	ides a group discussion using relevant emergency of problem statements, or prepared questions ge an emergency plan. Ility's] response to and ation of all drills, tabletop gency events, and revise the gy plan, as needed. [8.113(d):] ices that provide care in the enospice must conduct emergency plan at least ice must do the following: ull-scale exercise that is very 2 years; or nity based exercise is not an individual facility based exercise a natural or exercise or individual or exercise or individual scale exercise or individual scale exercise or individual scale exercise or individual exercise or individual enal exercise following the ency event. It it is a facility based functional exercise that is a facility based functional exercise that is a facility based functional	E	039			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G139	B. WING			10/	09/2024
	ROVIDER OR SUPPLIER RWICH ROAD GROUP	номе	·	10	TREET ADDRESS, CITY, STATE, ZIP CODE 106 NORWICH ROAD HARLOTTE, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 039	scenario, and a set directed messages, designed to challeng (3) Testing for hospicare directly. The hexercises to test the year. The hospice r (i) Participate in an is community-based (A) When a community-based (A) When a community-based function (B) If the hospice eximan-made emerger the emergency planengaging in its next based or facility-based following the onset of (ii) Conduct an add may include, but is r (A) A second full-sc community-based of exercise; or (B) A mock disaster (C) A tabletop exercise	relevant emergency of problem statements, or prepared questions ge an emergency plan. ces that provide inpatient ospice must conduct emergency plan twice per must do the following: annual full-scale exercise that it; or nity-based exercise is not an annual individual onal exercise; or periences a natural or required full-scale community red functional exercise of the emergency event. Itional annual exercise that is a facility based functional exercise that rot limited to the following: rale exercise that is a facility based functional exercise that requires or workshop led by a researcy event. The cise or workshop led by a researcy exercise that is a facility based functional exercise or workshop led by a researcy exercise that red questions designed to red questions designed to red questions designed to rency plan. Spice's response to and revise the	E	039			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		34G139	B. WING _		1	0/09/2024	
	ROVIDER OR SUPPLIER RWICH ROAD GROUP H	HOME		STREET ADDRESS, CITY, STATE, ZIP COD 1006 NORWICH ROAD CHARLOTTE, NC 28227	Ē		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
E 039	conduct exercises to twice per year. The [do the following: (i) Participate in an a is community-based; (A) When a community accessible, conduct a facility-based function (B) If the [PRTF, Hos actual natural or man requires activation of [facility] is exempt fror required full-scale confacility-based function onset of the emerger (ii) Conduct an [and that may include following: (A) A second full-scale community-based or functional exercise; (B) A mock (C) A tabletop exiled by a facilitator and discussion, using a nemergency scenario, statements, directed questions designed to plan. (iii) Analyze the maintain documentated	184(d), Hospitals at §485.625(d):] TF, Hospital, CAH] must test the emergency plan PRTF, Hospital, CAH] must annual full-scale exercise that or ity-based exercise is not an annual individual, and exercise; or pital, CAH] experiences an annual emergency plan, the immengaging in its next in engaging in its next in engaging in its next in engaging in its next in exercise following the exercise following the exercise that is individual, a facility-based or disaster drill; or exercise or workshop that is dincludes a group arrated, clinically-relevant and a set of problem in essages, or prepared or challenge an emergency exercise that is individual, a facility-selevant and a set of problem in essages, or prepared or challenge an emergency exercise that is individual, a facility is propose to and in or fall drills, tabletop gency events and revise the plan, as needed.	EO	39			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	· ,	(X3) DATE SURVEY COMPLETED	
		34G139	B. WING _		1	0/09/2024
	ROVIDER OR SUPPLIER RWICH ROAD GROUP H	НОМЕ	•	STREET ADDRESS, CITY, STATE, ZIP COI 1006 NORWICH ROAD CHARLOTTE, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
E 039	exercises to test the annually. The PACE following: (i) Participate in an a is community-based; (A) When a commun accessible, conduct a facility-based function (B) If the PACE experant made emergency plan, engaging in its next representation of the emergency plan, engaging in its next representation of the emergency plan, engaging in its next representation of the exercise following the event. (ii) Conduct an anyears opposite the years opposit	E organization must conduct emergency plan at least organization must do the annual full-scale exercise that or ity-based exercise is not an annual individual, hal exercise; or riences an actual natural or by that requires activation of the PACE is exempt from equired full-scale community acility-based functional exercise every 2 par the full-scale or functional graph (d)(2)(i) of this section by include, but is not limited to hale exercise that is individual, a facility based for drill; or isse or workshop that is led by des a group discussion, ically-relevant emergency of problem statements, for prepared questions are an emergency plan. Se's response to and ion of all drills, tabletop gency events and revise the plan, as needed.	EO	39		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		34G139	B. WING _		1	0/09/2024
	ROVIDER OR SUPPLIER RWICH ROAD GROUP H	IOME	•	STREET ADDRESS, CITY, STATE, ZIP CO 1006 NORWICH ROAD CHARLOTTE, NC 28227		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
E 039	including unannounce emergency procedure ICF/IID] must do the six community-based; (A) When a community accessible, conduct a facility-based function (B) If the [LTC facility actual natural or man requires activation of LTC facility is exempted a full-scale of individual, facility-based following the onset of (ii) Conduct an additionary include, but is not (A) A second full-scale community-based or functional exercise; of (B) A mock disaster (C) A tabletop exercial facilitator includes a narrated, clinically-reland a set of problem messages, or prepare challenge an emerge (iii) Analyze the [LTC and maintain docume exercises, and emerge [LTC facility] facility's *[For ICF/IIDs at §483 (2) Testing. The ICF/IID must docume to the ICF/IID must docume to the ICF/IID must docume to the ICF/IID must document to the ICF/IID	lan at least twice per year, ed staff drills using the es. The [LTC facility, following: Innual full-scale exercise that or ty-based exercise is not an annual individual, hal exercise. I facility experiences an emergency that the emergency plan, the form engaging its next community-based or sed functional exercise if the emergency event. It is an individual, facility based or sed functional exercise that is an individual, facility based or sed functional exercise that is an individual, facility based or drill; or se or workshop that is led by a group discussion, using a levant emergency scenario, statements, directed ed questions designed to ncy plan. If facility is response to entation of all drills, tabletop gency events, and revise the emergency plan, as needed. 3.475(d)]: IID must conduct exercises or plan at least twice per year.	EO	39		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G139	B. WING		1	0/09/2024
	ROVIDER OR SUPPLIER RWICH ROAD GROUP H	OME	•	STREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORWICH ROAD CHARLOTTE, NC 28227	·	
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
E 039	accessible, conduct a facility-based function (B) If the ICF/IID expense man-made emergency plan, engaging in its next recommunity-based or functional exercise for emergency event. (ii) Conduct an additionary include, but is not (A) A second full-scal community-based or functional exercise; of (B) A mock disaster of (C) A tabletop exercise a facilitator and includusing a narrated, cliniscenario, and a set of directed messages, of designed to challenge (iii) Analyze the ICF/I maintain documentate exercises, and emergicises, and emergicises and emergicises annually. The HI to test the emergency least annually. The HI (i) Participate in a full community-based; or (A) When a community-based; or accessible, conduct and accessible, conduct as	ty-based exercise is not an annual individual, all exercise; or. eriences an actual natural or by that requires activation of the ICF/IID is exempt from equired full-scale individual, facility-based Illowing the onset of the onal annual exercise that of limited to the following: e exercise that is an individual, facility-based resulting or see or workshop that is led by des a group discussion, ically-relevant emergency of problem statements, or prepared questions eran emergency plan. ID's response to and ion of all drills, tabletop gency events, and revise the plan, as needed. O2] HA must conduct exercises or plan at HA must do the following: e-scale exercise that is munity-based exercise is not	E 03	9		

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G139	B. WING _		_	10/09/2024
	ROVIDER OR SUPPLIER RWICH ROAD GROUI	PHOME	•	STREET ADDRESS, CITY, S 1006 NORWICH ROAD CHARLOTTE, NC 282	STATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 039	or man-made emel of the emergency pengaging in its next community-based of functional exercise emergency event. (ii) Conduct an add opposite the year the exercise under parties conducted, the limited to the follow (A) A second from the follow (A) A second from the follow (B) A mock districted functional exercise (B) A moc	A experiences an actual natural regency that requires activation plan, the HHA is exempt from the required full-scale or individual, facility based following the onset of the litional exercise every 2 years, the full-scale or functional agraph (d)(2)(i) of this section that may include, but is not an individual, facility-based in the property of the litional exercise that is the property of the litional exercise that is the property of the litional exercise or workshop that is and includes a group an arrated, clinically-relevant it, and a set of problem and messages, or prepared the challenge an emergency that is response to and maintain all drills, tabletop exercises, and and revise the HHA's seneded.	E	039		

	MENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G139	B. WING _			10/09/2024
	ROVIDER OR SUPPLIER RWICH ROAD GROUP H	IOME		STREET ADDRESS, CITY, STATE, ZIP COI 1006 NORWICH ROAD CHARLOTTE, NC 28227	DE	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
E 039	plan. If the OPO experimental plan is next refollowing the onset of (ii) Analyze the OPO' documentation of all emergency events, a OPO's] emergency p *[RNCHIs at §403.74 (d)(2) Testing. The Resercises to test the emust do the following (i) Conduct a paper-bleast annually. A table discussion led by a facilinically-relevant emof problem statement prepared questions demergency plan. (ii) Analyze the RNHO maintain documentat and emergency plan, as roughly as a series of the finding is: Review of facility documentations.	cochallenge an emergency eriences an actual natural or by that requires activation of the OPO is exempt from equired testing exercise if the emergency event. It is response to and maintain tabletop exercises, and and revise the [RNHCl's and dan, as needed. 188]: NHCl must conduct emergency plan. The RNHCl is eased, tabletop exercise at etop exercise is a group acilitator, using a narrated, ergency scenario, and a set is, directed messages, or esigned to challenge an ion of all tabletop exercises, ts, and revise the RNHCl's needed. 101 The RNHCl's needed. 102 The RNHCl's needed. 103 The RNHCl's needed. 104 The RNHCl's needed. 105 The RNHCl's needed. 106 The RNHCl's needed. 107 The RNHCl's needed. 108 The RNHCl's needed. 109 Th	EO	39		

AND DIAN OF CORRECTION IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
		34G139	B. WING			10/	09/2024
	ROVIDER OR SUPPLIER RWICH ROAD GROUP H	OME		1	TREET ADDRESS, CITY, STATE, ZIP CODE 006 NORWICH ROAD CHARLOTTE, NC 28227		
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 039	professional (QIDP) of evidence of a full-scal exercise was not availed Continued interview was uncertain if the full exercise was completed. Interview with the proful 10/9/24 revealed that distinguish the different abletop, and/or full suffered that staff and complete all emergences as required. INDIVIDUAL PROGRE	alified intellectual disabilities on 10/9/24 revealed that le community based alable during the survey. With the QIDP revealed she all-scale community based ared. Igram manager (PM) on staff have been trained to note between a mock drill, cale community based interview with the PM management should by preparedness exercises.		227			
	objectives necessary as identified by the corequired by paragraph This STANDARD is repaired to assure the princluded training objected for 2 of 6 client evacuation drills. The Review of facility docrecertification survey revealed fire evacuation drills reversed evacuation drills reversed extended evacuation from the facility. Further	m plan states the specific to meet the client's needs, imprehensive assessment in (c)(3) of this section. Not met as evidenced by: ew and interview, the facility erson centered plan (PCP) citives to meet the clients' is (#1, #2) relative to finding is: umentation during the from 10/8/24-10/9/24 on drills from					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		34G139	B. WING _		1	10/09/2024
	IDER OR SUPPLIER	ОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORWICH ROAD CHARLOTTE, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
from recoling with every late of the service of the	view of the evacuations #1 and #2 had thin the 4 minute tine vacuations. eview of the record in a ted 10/12/23. Continent #1 revealed that crease in slips, falls eview of the PCP also enough for a ted 10/12/24. Contine the policy of the PCP for a term of the policy o	minutes in length. Additional on drill reports revealed difficulties being evacuated ne limit allotted for for client #1 revealed a PCP nued review of the PCP for there has been an and an unsteady gait. So revealed client #1 has equipment to assist with and wheelchair. Further client #1 did not reveal relative to fire drill for client #2 revealed a PCP used review of the PCP at the following adaptive for ambulation: gait belt, er. Further review of the not reveal training to fire drill evacuation. lified intellectual disabilities in 10/9/24 revealed clients ad fire drill program training with the QIDP also ion drills five minutes or	W 2	27		
W 448 E\	VACUATION DRILLS FR(s): 483.470(i)(2)	S	W 4	48		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		NSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		34G139	B. WING _			10	/09/2024
	ROVIDER OR SUPPLIER RWICH ROAD GROUP H	IOME		1006	ET ADDRESS, CITY, STATE, ZIP CODE NORWICH ROAD RLOTTE, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 448	Continued From page		W 4	148			
	Based on record rev failed to investigate a evacuation drills inclu extended times need The finding is:	not met as evidenced by: iew and interview, the facility Il problems relative to fire					
	10/9/24 indicated fire the survey review year facility fire drills reveal extended evacuation from the facility. Furth reports revealed multifrom 5 minutes to 40 Additional review of following drills were owith no identified prolaminutes), 11/14/23 (5)	drill reports conducted over ar. Continued review of the aled multiple drills with times to evacuate clients her review of the fire drill ciple evacuations ranging minutes in length. It is drill reports indicated the completed during first shift blems noted: 11/20/23 (10 minutes), 2/20/24 (5 minutes), 6/19/24 (40					
	10/9/24 did not reveal safety or human right relative to follow up, ji the extended evacual documentation did not or trends relative to the action to address confactions. Review of far not reveal whether in facility were implemed evacuation drill concerd documentation did not relative to extended for the safety of the safe	f facility documentation on I documentation relative to as committee (HRC) minutes ustification, or reasoning for tion times. Review of facility of identify specific concerns the facility and course of rective and preventative cility documentation also did terventions specific to the inted addressing fire the erns. Review of facility of reveal in-service training ire evacuation drill concerns.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G139	B. WING _		.	10/09/2024	
NAME OF PROVIDER OR SUPPLIER VOCA-NORWICH ROAD GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORWICH ROAD CHARLOTTE, NC 28227			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	X (EACH CORRECTIVE CROSS-REFERENCED	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 448	professional (QIDP) of fire drills five minutes management for furth interview with the QID (#1, #2,#6) have adapt concerns, and/or behwith evacuation times. Interview with the pro 10/9/24 revealed that five minutes should be interview with the PM evacuation drills five presented and discuss Interview with the PM interventions and/or in completed relative to	on 10/9/24 revealed provider or over are reported to her review. Continued OP verified that three clients of tive equipment, gait aviors that would interefere so. gram manager (PM) on any evacuation drills over e repeated. Continued could not verify if facility fire	W 4	148			