

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

PRINTED: 01/16/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/14/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OAK DRIVE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5416 OAK DRIVE CHARLOTTE, NC 28216</b>		
(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 227	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure the individual service plan (ISP) for 2 of 5 clients (#2 and #4) included training in dining skills. The findings are:</p> <p>A. The facility failed to assure client #2 maintained a safe rate of eating during meals:</p> <p>Observations in the group home on 1/13/24 at 5:11 PM revealed client #2 to participate in the dinner meal that consisted of six pepperoni hot pockets cut into ¼ inch pieces. Continued observations at 5:12 PM revealed client #2 to consume the dinner meal in its entirety at an unsafe rate, ignoring all verbal and physical prompts to slow the rate of eating and place spoon down for safety. Further observation revealed a staff to sit to the left of the client #2, the Qualified Intellectual Disabilities Professional (QIDP) to stand to the right of client #2, the Area Supervisor to stand to the left of client #2 observing the dinner meal and a client's parent present in the dining room observing the dinner meal. At no point during the dinner observation did any staff remove the meal for the client #2's safety.</p> <p>Observations in the group home on 1/14/25 at 6:45 AM revealed client #2 to participate in the breakfast meal that consisted of a serving bowl size bowl of cheerios with milk and one slice of whole wheat toast cut larger than ¼ inch pieces</p>	W 227			

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.

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

PRINTED: 01/16/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/14/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OAK DRIVE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5416 OAK DRIVE CHARLOTTE, NC 28216</b>		
(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 227	<p>Continued From page 1</p> <p>with margarine and a cup of orange juice. Continued observation revealed the Area Supervisor (AS) to instruct a staff to remove and replace bowl of cereal with appropriate serving size bowl and toast cut to the prescribed ¼ inch pieces. Further observations revealed the AS to stand over client #2 and provide clear rate of eating instructions, removing the cereal and toast when client #2 became unsafe, failing to follow safe eating instructions.</p> <p>Review of records on 1/14/25 for client #2 revealed an Individual Service Plan (ISP) dated 7/17/24. Continued review of the ISP revealed the following learning objectives: make a choice in activity, brush teeth independently, shower independently, carry dishes to sink, wipe after toileting, dress self in the morning, privacy, and learning boundaries/refrain from entering others bedrooms or personal space uninvited. Further review of the ISP revealed no learning objectives for rate of eating to ensure client #2 safety during mealtimes</p> <p>Review of records on 1/14/25 for client #2 revealed a Nutritional Assessment (NA) dated 12/9/24. Continued review of the NA reviewed the following recommendations: ADA chopped ¼ inch, reason choking risk.</p> <p>Interview with the Area Supervisor (AS), Qualified Intellectual Disabilities Professional (QIDP) and Direct Care Professionals (DSP's) for client #2 on 1/13-14, 2025 revealed client #2 has ongoing issues with rate of eating relative to eating too fast. Continued interview with all revealed client #2 responds better to male staff but male staff are not typically scheduled to work every day in the home. Further interview reviewed client #2</p>	W 227			

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

PRINTED: 01/16/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/14/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OAK DRIVE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5416 OAK DRIVE CHARLOTTE, NC 28216</b>		
(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 227	<p>Continued From page 2</p> <p>would benefit from a training objective to slow his eating rate to reduce his choking risk. Subsequent interview with staff revealed if client #2 refuses to comply with verbal and physical prompts they need to remove his food to ensure his safety then resume the meal with full safety and compliance.</p> <p>B The facility failed to assure client #4 maintained a safe rate of eating during meals:</p> <p>Observations in the group home on 1/13/24 at 5:07 PM revealed client #4 to participate in the dinner meal that consisted of two scrambled eggs, baked beans, broccoli, sliced peaches, and lactose milk. Continued observation revealed client #4 to consume his meal at a fast pace. Further observation revealed staff to instruct client #4 to slow down, take a drink of milk, which he complied with, but return to a fast pace of eating. Subsequent observation revealed staff and the client's mother to repeat, "slow down, take a drink, wipe mouth" to him in Spanish, which he complied. Final observation revealed client #4's mother to approach the table and demonstrate for client #4 how to place his peach onto his fork and prompt him to slow his rate of eating. At no point did staff sit at the table beside client #4 and provide him with physical prompts during the dinner meal.</p> <p>Observations in the group home on 1/14/25 at 7:00 AM revealed client #4 to participate in the breakfast meal which consisted of a bowl of cheerios, one slice of whole wheat toast cut into 1/2-inch pieces with margarine and a cup of orange juice. Continued observation revealed client #4 to consume his breakfast meal receiving several prompts to slow his rate of eating. Further</p>	W 227			

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

PRINTED: 01/16/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/14/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OAK DRIVE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5416 OAK DRIVE CHARLOTTE, NC 28216</b>		
(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 227	<p>Continued From page 3</p> <p>observation revealed the AS to sit directly in front of client #4 to provide direct supervision to include physical and verbal prompts to slow his rate of eating. Subsequent observation revealed client #4 to safely consume his breakfast in its entirety.</p> <p>Review of records on 1/14/24 for client #4 revealed an Individual Service Plan (ISP) dated 09/12/24. Continued review of the ISP revealed the following learning objectives: indicate what he wants, assist with organizing clothes, brush teeth, apply deodorant, wear neat appropriate clothing and engage in one appropriate activity. Further review of the ISP revealed no learning objectives for rate of eating to ensure client #4 safety during mealtimes.</p> <p>Review of records on 1/14/24 revealed a NA dated 6/10/24. Continued review of the NA for client #4 revealed the following recommendations: Lacto-ovo-vegetarian diet (vegetables, eggs, dairy (½ inch chopped with adaptive equipment as follows: high sided-divided plate and dycem mat. Further review of the NA revealed the vegetarian recommendation is the parents' recommendation.</p> <p>Interview with the Area Supervisor (AS) and Guardian on 1/14/25 for client #4 revealed the client requires verbal and physical prompts to slow his rate of eating. Continued interview with AS revealed client #4 would benefit from a learning objective as he had no current goals that focus on his rate of eating.</p>	W 227			
W 454	<p>INFECTION CONTROL</p> <p>CFR(s): 483.470(l)(1)</p>	W 454			

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

PRINTED: 01/16/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/14/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OAK DRIVE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5416 OAK DRIVE CHARLOTTE, NC 28216</b>		
(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 454	Continued From page 4 The facility must provide a sanitary environment to avoid sources and transmission of infections.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff used proper glove hygiene and to ensure a sanitary environment to prevent cross contamination. This had the potential to affect all clients (#1, #2, and #4) in the home. The finding is:  Observations on 1/14/25 during the breakfast mealtime at 6:45 AM revealed staff C to wear gloves while preparing breakfast for clients #1, #2 and #4. Continued observations revealed staff C to enter the livingroom and propel client #1 to the dining table while wearing gloves. Further observations revealed staff C to re enter the kitchen and continue to prepare a bowl of cereal and toast for client #2 with the same gloves. At no time during transition, did staff change his gloves.  Interview on 1/14/25 with the program manager revealed staff should have changed his gloves before and after he assisted client #1 to the dining table.	W 454			
W 480	MENUS CFR(s): 483.480(c)(1)(iv)  Menus must include the average portion sizes for menu items. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 1 of 5 clients (#2) meals include average portion size for two of two meals. The findings are:	W 480			

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

PRINTED: 01/16/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/14/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OAK DRIVE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5416 OAK DRIVE CHARLOTTE, NC 28216</b>		
(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 480	<p>Continued From page 5</p> <p>Observation in the group home on 1/13/24 at 5:11 PM for client #2 revealed client #2 to participate in the dinner meal. Continued observation of the dinner meal for client #2 revealed the dinner meal to consist of six baked pepperoni hot pockets cut into ¼ inch pieces and a cup to water. Further observation revealed staff to place to place a regular size plate containing six baked ¼ pieces of pepperoni hot pockets in front of client #2. Subsequent observation revealed client #2 to use his right hand holding a regular size fork and left hand placed onto his plate to shovel the ¼ pepperoni size hot pockets pieces onto the fork and/or pick up alternating bites with his fingers to them place into his mouth after the fork was removed from his mouth, repeating this pattern until all of the food was consumed in its entirety. Final observation revealed two brief pauses for client #2 when staff physically held his right hand from moving the fork towards his mouth to stop the rate of eating for client #2 to take a drink of milk. Otherwise, client #2 was observed to consume the entire meal at a very unsafe rate while uttering phrases of refusals to comply with instruction to stop eating the six ¼ inch pepperoni hot pocket pieces. At no point did staff remove the six pepperoni ¼ size pieces of hot pocket from client #2 to reduce it to the appropriate serving size.</p> <p>Observation in the group home on 1/14/24 at 6:45 AM for client #2 revealed client #2 to participate in the breakfast meal that consisted of a bowl of cheerios with milk, one slice of whole wheat toast with margarine and a cup of orange juice. Continued observation of the breakfast meal for client #2 revealed staff to present him with an extra-large bowl of cheerios and milk, one sliced piece of whole wheat toast and a cup of orange</p>	W 480			

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

PRINTED: 01/16/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/14/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OAK DRIVE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5416 OAK DRIVE CHARLOTTE, NC 28216</b>		
(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 480	<p>Continued From page 6</p> <p>juice. Further observation revealed staff assisting client #2 to send the extra-large serving bowl of cereal back for a regular serving size bowl and instructed staff to recut the slice of whole wheat toast to the prescribed ¼ size.</p> <p>Review of records for client #2 on 1/14/25 revealed a Nutritional Assessment (NA) dated 12/04/2024. Further review of the NA revealed the following recommendations: ADA diet, ¼ inch chopped and has very specific limited food preferences such as pizza, grilled cheese, Ramón noodles, chicken nuggets and crackers.</p> <p>Interview with the Area Supervisor (AS) and Qualified Intellectual Disabilities Professional (QIDP) on 1/14/25 for client #2 revealed the NA is current. Continued interview with the AS and QIDP confirmed client #2 must be kept safe during all mealtimes. Further interview with the AS and QIDP confirmed the importance of appropriate serving size and removing the meal at anytime client #2 is at risk of choking due to his fast rate of eating. Subsequent interview with the AS and QIDP verified client #2 has an identified need that must be addressed for his continued mealtime safety.</p>	W 480			