

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

PRINTED: 03/20/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-MALLARD DRIVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6119 MALLARD DRIVE CHARLOTTE, NC 28227</b>		
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E 039	<p>EP Testing Requirements CFR(s): 483.475(d)(2)</p> <p>§416.54(d)(2), §418.113(d)(2), §441.184(d)(2), §460.84(d)(2), §482.15(d)(2), §483.73(d)(2), §483.475(d)(2), §484.102(d)(2), §485.68(d)(2), §485.542(d)(2), §485.625(d)(2), §485.727(d)(2), §485.920(d)(2), §491.12(d)(2), §494.62(d)(2).</p> <p>*[For ASCs at §416.54, CORFs at §485.68, REHs at §485.542, OPO, "Organizations" under §485.727, CMHCs at §485.920, RHCs/FQHCs at §491.12, and ESRD Facilities at §494.62]:</p> <p>(2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following:</p> <p>(i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event.</p> <p>(ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by</p>	E 039			

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.

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E 039	<p>Continued From page 1</p> <p>a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.</p> <p>*[For Hospices at 418.113(d):]</p> <p>(2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following:</p> <p>(i) Participate in a full-scale exercise that is community based every 2 years; or</p> <p>(A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or</p> <p>(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or a facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using</p>	E 039			

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E 039	<p>Continued From page 2</p> <p>a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or</p> <p>(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or a facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed.</p>	E 039			

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E 039	<p>Continued From page 3</p> <p>*[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d):]</p> <p>(2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or</p> <p>(B) If the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an [additional] annual exercise or and that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or individual, a facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the [facility's] emergency plan, as needed.</p> <p>*[For PACE at §460.84(d):]</p>	E 039			

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E 039	<p>Continued From page 4</p> <p>(2) Testing. The PACE organization must conduct exercises to test the emergency plan at least annually. The PACE organization must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or</p> <p>(B) If the PACE experiences an actual natural or man-made emergency that requires activation of the emergency plan, the PACE is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional exercise every 2 years opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or individual, a facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the PACE's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the PACE's emergency plan, as needed.</p> <p>*[For LTC Facilities at §483.73(d):] (2) The [LTC facility] must conduct exercises to</p>	E 039			

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E 039	<p>Continued From page 5</p> <p>test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The [LTC facility, ICF/IID] must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.</p> <p>(B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's emergency plan, as needed.</p> <p>*[For ICF/IIDs at §483.475(d)]:</p> <p>(2) Testing. The ICF/IID must conduct exercises to test the emergency plan at least twice per year. The ICF/IID must do the following:</p> <p>(i) Participate in an annual full-scale exercise that</p>	E 039			

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E 039	<p>Continued From page 6</p> <p>is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or.</p> <p>(B) If the ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed.</p> <p>*[For HHAs at §484.102]</p> <p>(d)(2) Testing. The HHA must conduct exercises to test the emergency plan at least annually. The HHA must do the following:</p> <p>(i) Participate in a full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise every 2 years; or.</p>	E 039			

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E 039	<p>Continued From page 7</p> <p>(B) If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in its next required full-scale community-based or individual, facility based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed.</p> <p>*[For OPOs at §486.360]</p> <p>(d)(2) Testing. The OPO must conduct exercises to test the emergency plan. The OPO must do the following:</p> <p>(i) Conduct a paper-based, tabletop exercise or workshop at least annually. A tabletop exercise is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared</p>	E 039			



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E 039	<p>Continued From page 8</p> <p>questions designed to challenge an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required testing exercise following the onset of the emergency event.</p> <p>(ii) Analyze the OPO's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed.</p> <p>*[ RNCHIs at §403.748]:</p> <p>(d)(2) Testing. The RNHCI must conduct exercises to test the emergency plan. The RNHCI must do the following:</p> <p>(i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(ii) Analyze the RNHCI's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the RNHCI's emergency plan, as needed.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review and interviews, the facility failed to conduct exercises to test the emergency preparedness plan (EPP) annually. The finding is:</p> <p>Review of the facility EPP revealed no evidence of a full-scale or community-based training exercise. Continued review of the facility EPP manual revealed a tabletop exercise was conducted on 2/19/23.</p> <p>Interview with the qualified intellectual disabilities</p>	E 039			

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E 039	Continued From page 9 professional (QIDP) and the program manager (PM) on 3/18/25 confirmed that there has not been a full-scale community-based or facility-based exercise conducted with respect to this EPP.	E 039			
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)  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 observation and interview, the facility failed to ensure privacy while in a personal bedroom during awake hours for 1 of 6 clients (#1) relative to use of a visual monitor kept in the living room. The finding is:  Observations in the group home during the 3/17-18/25 survey revealed a visual monitor in the living room of the group home left on and visible to all clients and staff using the room. Continued observation revealed all clients to have access to the living room throughout survey to exercise, play uno card games, watch cartoons and watch tv shows. Further observation revealed clients to sit on a sofa by the table where the visual monitor was place and actively running.  Interview with the qualified intellectual disabilities professional (QIDP) on 3/18/25 for client #1 revealed the visual monitor should have been turned off during awake hours to ensure her privacy. Further interview with the QIDP revealed staff have been trained on use of the visual monitor and know it should be off during client #1's awake hours.	W 130			
W 472	MEAL SERVICES	W 472			

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W 472	<p>Continued From page 10 CFR(s): 483.480(b)(2)(i)</p> <p>Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 3 of 6 clients (#3, #4 and #6) received the appropriate quantity of food relative to their prescribed diets. The findings is:</p> <p>A. The facility failed to ensure client #3 received the American Diabetic Association diet (ADA) to manage weight. For example:</p> <p>Observations in the group home on 3/17/25 at 5:00 PM revealed the dinner meal to include a corned beef casserole with cabbage, potatoes and carrots, two canned biscuits, applesauce, water and a sugar free beverage. Continued observation revealed client #3 to independently server herself with a large black handled silicone cooking spoon two scoops of the corned beef casserole and two canned biscuits, water and the sugar free beverage. Further observation revealed client #3 to eat the first serving and to then serve herself a second portion of the corned beef casserole and to eat her yogurt. Subsequent observation revealed staff B to ask client if she needed seconds due to weight controlled diet to which client #3 responded, yes and served herself the second portion of corned beef casserole. Additional observation revealed client #3 to consume 100% of her meal.</p> <p>Observation in the group home on 3/18/25 at 7:44 AM revealed client #3 to participate in the breakfast meal to include oatmeal, one slice of buttered toast, 2% milk and apple juice. Continued observation of client #3's breakfast</p>	W 472			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-MALLARD DRIVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6119 MALLARD DRIVE CHARLOTTE, NC 28227</b>		
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W 472	<p>Continued From page 11</p> <p>revealed her to independently serve herself using a large black handled silicone cooking spoon two scoops of oatmeal. Further observation revealed client #3 to add splenda straight from the bag using a tablespoon. Subsequent observation of the breakfast meal revealed client #3 to independently serve herself seconds of the oatmeal using the large black handled silicone cooking spoon and to again use the tablespoon to get splenda from the bag to add to her oatmeal. Staff B provided client #3 direction to apply less splenda and to stir the oatmeal well. Subsequent observation revealed client #3 to consume a half a piece of toast split with client #2 that client #1 left in the serving dish she did not want to eat with her breakfast meal.</p> <p>Review of records for client #3 on 3/18/25 revealed a nutritional assessment (NA) dated 1/6/25. Continued review of the NA for client #3 revealed a current diet order of American Diabetes Association to manage weight. Continue review of the NA indicate client #3's ideal body weight is between 110 - 107 pounds. Further review of the NA revealed client #3's January 2025 weight was 234 pounds; December 2024 - 224 pounds and November 2024 - 226 pounds.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/18/25 revealed the NA for client #3 is current. Further interview with the QIDP revealed staff have been trained on client #3's diet. Continued interview with the QIDP revealed there is a scale and appropriate serving utensils in the home that staff have been trained to use with all meals. Subsequent interview with the QIDP reveal staff will be retrained on diets and use of measuring utensils for serving.</p>	W 472			

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NAME OF PROVIDER OR SUPPLIER  <b>VOCA-MALLARD DRIVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6119 MALLARD DRIVE CHARLOTTE, NC 28227</b>		
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W 472	<p>Continued From page 12</p> <p>B. The facility failed to ensure client #4 received the American Diabetic Association diet (ADA) to manage weight. For example:</p> <p>Observations in the group home on 3/17/25 at 5:00 PM revealed the dinner meal to include a corned beef casserole with cabbage, potatoes and carrots, two canned biscuits, applesauce, water and a sugar free beverage. Continued observation revealed client #4 to independently server herself with a large black handled silicone cooking spoon two scoops of the corned beef casserole and two canned biscuits, water and the sugar free beverage. Further observation revealed client #4 to eat the first serving and to then serve herself a second portion of the corned beef casserole and to eat her applesauce.</p> <p>Observation in the group home on 3/18/25 at 7:44 AM revealed client #4 to participate in the breakfast meal to include oatmeal, one slice of buttered toast, 2% milk and apple juice. Continued observation of client #4's breakfast revealed her to independently serve herself using a large black handled silicone cooking spoon two scoops of oatmeal. Further observation revealed client #4 to add splenda straight from the bag using a tablespoon. Subsequent observation of the breakfast meal revealed client #4 to independently serve herself seconds of the oatmeal using the large black handled silicone cooking spoon and to again use the tablespoon to get splenda from the bag to add to her oatmeal.</p> <p>Review of records for client #3 on 3/18/25 revealed a nutritional assessment (NA) dated 1/6/25. Continued review of the NA for client #4 revealed a current diet order of American</p>	W 472			

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NAME OF PROVIDER OR SUPPLIER  <b>VOCA-MALLARD DRIVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6119 MALLARD DRIVE CHARLOTTE, NC 28227</b>		
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W 472	<p>Continued From page 13</p> <p>Diabetes Association to manage weight. Continued review of the NA indicate client #4's ideal body weight is between 189 -190 pounds. Further review of the NA revealed client #4's January 2025 weight was 186 pounds; December 2024 - 184 pounds and November 2024 - 193 pounds.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/18/25 revealed the NA for client #4 is current. Further interview with the QIDP revealed staff have been trained on client #4's diet. Continued interview with the QIDP revealed there is a scale and appropriate serving utensils in the home that staff have been trained to use with all meals. Subsequent interview with the QIDP reveal staff will be retrained on diets and use of measuring utensils for serving.</p> <p>C. The facility failed to ensure client #6 received a 1500 calorie diet to manage weight. For example:</p> <p>Observation in the group home on 3/18/25 at 7:44 AM revealed client #6 to participate in the breakfast meal to include oatmeal, one slice of buttered toast, 2% milk and apple juice. Continued observation of client #6's breakfast revealed her to independently serve herself using a large black handled silicone cooking spoon two scoops of oatmeal. Further observation revealed client #6 to add splenda straight from the bag using a tablespoon.</p> <p>Review of records for client #6 on 3/18/25 revealed a nutritional assessment (NA) dated 1/6/25. Continued review of the NA for client #6 revealed a current diet order of 1500 calorie diet. Continue review of the NA indicate client #6's</p>	W 472			

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W 472	<p>Continued From page 14</p> <p>ideal body weight is between 100 - 106 pounds. Further review of the NA revealed client #6's January 2025 weight was 162 pounds; December 2024 - 174 pounds and November 2024 - 170 pounds.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/18/25 revealed the NA for client #6 is current. Further interview with the QIDP revealed staff have been trained on client #6's diet. Continued interview with the QIDP revealed there is a scale and appropriate serving utensils in the home that staff have been trained to use with all meals. Subsequent interview with the QIDP reveal staff will be retrained on diets and use of measuring utensils for serving.</p>	W 472			