STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G290	A. BUILDING _____ B. WING _____	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-OAKHAVEN DRIVE GROUP HOME	12516 OAKHAVEN DRIVE CHARLOTTE, NC 28273

(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 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 sampled client's (#5) received a continuous active treatment program as identified in their behavior support plan (BSP). The finding is: Observation in the group home during the recertification survey on 3/4/25 - 3/5/25 revealed client #5's room to have only a bed. Continued observations revealed a television to sit high on a wall shelf. Further observations revealed client #5 to have very limited clothing items in his bedroom closet. Subsequent observations on 3/5/25 at 6:15 AM revealed client #5 to leave for school wearing what appears to be a pajama shirt and high water pants to school. Interview with the site supervisor on 3/5/25 revealed client #5 had a lot more clothing items in his closet, however the client has a tendency to defecate in his clothing, then throw them away in the bathroom trash can or however he can. Continued interview with the site supervisor revealed at times the staff will find the clothing item and then wash them, other times the staff	W 249	The facility will ensure when the interdisciplinary team formulated a client's individual program plan, each client will receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. To prevent further occurrence: QIDP will trained/in-service all staff on continuous active treatment in relation to client (#5) BSP program to includes documenting target behaviors as required. RECEIVED DHSR-MH Licensure Sect	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Andrew Taylor A Taylor	Program Manager	3/24/2025

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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W 249	Continued From page 1	W 249		

were unaware that clothing items would be missing. Further interview revealed this behavior have been going on since since she's started back in October 2024. Subsequent interview revealed that client's limited clothing items was "on the client, not on us because he had a lot of clothes".

Review of client #5's record on 3/5/25 revealed an individual support plan (ISP) dated 1/31/25 and a behavior support plan (BSP) dated 2/10/25. Review of the BSP revealed target behaviors of physical aggression, verbal aggression/agitation, property destruction, noncompliance, food seeking, false accusations and inappropriate toileting. Continued review of client #5's BSP indicated interventions for inappropriate toileting revealed toileting schedule and monitoring must be followed to help decrease the inappropriate toileting. Monitor the client and engage in meaningful activities, if urine/feces are found in his room, he will be asked to clean up the area with staff assistance. He will be prompt to wash his hands and if soiled to wash his clothing separately and immediately. Staff will reinforce appropriate toileting behavior.

Review of behavior data on 3/5/25 did not reveal any documentation relative to a toileting schedule or inappropriate toileting.

Interview with the qualified intellectual disabilities professional (QIDP) and program manager (PM) verified client #5's BSP was current. Continued interview revealed that both the QIDP and PM were unaware that client #5 had very limited clothing items. Further interview revealed the agency would purchase clothing items for the

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W 249	Continued From page 2 client. Subsequent interview with the QIDP confirmed that client #5 has a history of having feces in his clothing and has approved interventions in place to provide supports when the client exhibits targeted behaviors.	W 249		
W 287	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a technique to manage inappropriate behavior was not used for the convenience of staff for 1 of 3 audit clients (#5). The findings are: During evening observations in the home on 3/11/25 at 3:45pm revealed client #5 (no eyeglasses) to introduce himself to the surveyors and then he ran off to his bedroom. Continued observations revealed client #5 to emerge from his bedroom around 4:11pm with his eyeglasses on and approached the surveyor to apologize for not wearing his glasses and he continued to apologize throughout the evening observations for not wearing his eyeglasses. Further observations revealed client #5 eyeglasses were taped together and not sitting appropriately on his face. Interview with client #5 on 3/11/25 revealed that he apologize for not wearing his eyeglasses because staff told him that he had to wear his glasses when the "state ladies" are at the home or that staff will get into trouble if he isn't wearing	W 287	The facility will ensure techniques to manage inappropriate behavior will never be used for the convenience of staff. To prevent further occurrence: QIDP will educate all staff on client #5 BSP relative to appropriate process for managing client #5 behavior and ensure continuous active treatment is provided as identified in the individual support plan.	

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W 287	Continued From page 3 them. Continued interview revealed that he broke his eyeglasses and he put some tape on the handle so that he could wear them. He stated that he was having difficulty keeping them on his face but did not want to get staff in trouble. Further interview with client #5 revealed that staff promised him things he wanted if he showed good behaviors while the "state ladies" were at the home. Interview with the qualified intellectual disabilities professional (QIDP) on 3/12/25 revealed that staff should have notified the QIDP of his broken glasses so that they could have been replaced. Continued interview with the QIDP revealed that staff should not have asked client #5 to wear broken glasses while the surveyors were at the home and that staff should have followed client #5's BSP regarding his behaviors.	W 287		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all drugs were kept locked except during administration. The finding is: During observations in the home on 3/12/25 at 5:52 AM revealed client #1 to enter the medication room for medication administration. Prior to entering the medication room, the site supervisor exited the door to the medication room and medication the closet was left open, with multiple blister packs of medications left laying out on the counter in the medication closet.	W 382	The facility will ensure all medications are secured and locked at all times except when being prepared for administration. A. Nurse will in-service staff on medication administration process. B. Staff will attend medication administration class as required. Staff will pass the class with a minimum score of 85% and above. Staff will be observed at three medication passes before staff can officially start administering medication. C. To prevent further occurrence: Area Supervisor will complete medication observation in the home weekly and document on medication observation form.	

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W 382	Continued From page 4 Continued observations revealed client #1 to stand directly in front of the opened door where his medication were left laying. At 5:53 AM, the surveyor entered the medication room and staff D also entered behind. Further observations revealed staff D to asked client #1 if he will punch his medications into the cup. Subsequent observations revealed the site supervisor to enter the medication room and proceed to administer client #1's medications. Interview on 3/12/25 with the facility nurse confirmed that medications are not supposed to be left laying out unless they are being administered. Continued interview with the facilty nurse also confirmed the medication room and closet should be locked and secured when medications are not being administered.	W 382		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) 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 interview the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This could have affected 5 of 5 clients (#1, #2, #3, #4, and #5) The finding is: Observation on 3/11/25 during the dinner meal revealed staff to have prepared dinner and the SS(site supervisor) prompted client #3 to set the dining table with the dinnerware and utensils.	W 454	The facility will ensure sanitary environment is provided to avoid sources and transmission of infection. To prevent further occurrence: Nurse will trained/in-service all staff on infection control to includes both clients and staff should sanitizetheir hands and clean the area where food and medications are served before and in betweeneach pass to promote client health/safety and prevent possible cross-contamination.	

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W 454	Continued From page 5 Continued observation revealed client #3 to place the dinnerware and utensils at each setting touching the mouth end of the cups and utensils until completed. At no point did the SS prompt client #3 to clean and sanitize the dining table after all activities were removed, nor did SS prompt client #3 to pick up the cups and utensils correctly. Interview with the qualified intellectual disabilities professional (QIDP) on 3/12/25 confirmed that SS should have prompted client #3 to clean and sanitize or the staff should have clean and sanitize the dining room table prior to serving meals. Continued interview with the QIDP revealed that the SS should have provided training to client #3 on how to correctly hold the cups and utensils while serving.	W 454		
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure food was served at an appropriate temperature for 6 of 6 clients (#1, #2, #3, and #5). The finding is: Afternoon observations in the facility on 3/11/25 at 5:10 PM revealed clients #1, #2, #3 and #5 to sit at the dining room table to prepare for the dinner meal. Continued observations revealed the dinner meal consisted of the following: spanish rice, ground meat, black beans, shredded lettuce, tomatoes, cheese, sour cream, and taco sauce. Further observations revealed steam to come from the black beans and ground meat. When asked by surveyor what was the food	W 473	The facility will ensure food is served at appropriate temperature at all times. To prevent further occurrence: A. QIDP will trained/in-service all staff on the appropriate temperature for food. B. QIDP and Site Supervisor will conduct weekly meal observation in the home and document on meal observation form. Person(s) Responsible: QIDP, Nurse, Area Supervisor and Site Supervisor To be completed by: 04/14/2025.	

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W 473	Continued From page 6 temperature? The facility site supervisor responded "what do you want it to be". Subsequent observations revealed the site supervisor to check the food temperature which read 120 degrees. Additional observations revealed the site supervisor to state " by the time they fix their plates the food would cool down". Additional observations revealed all clients to participate in the dinner meal. Interview with the qualified intellectual disabilities (QIDP) on 3/11/25 revealed the food temperature should read between 110 - 115 degrees. Continued interview with the QIDP revealed staff have been trained to prepare menu items at an appropriate temperature prior to serving to the clients.	W 473		