

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

PRINTED: 05/02/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2025
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NAME OF PROVIDER OR SUPPLIER

VOCA-HARRISBURG ROAD GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

**6620 HARRISBURG ROAD
CHARLOTTE, NC 28277**

(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
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W 108 COMPLIANCE W FEDERAL, STATE & LOCAL
LAWS
CFR(s): 483.410(b)

The facility must be in compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to safety, and

This STANDARD is not met as evidenced by:
The facility failed to show evidence of compliance with state laws regarding reporting level II incidents to the local management entity (LME) as evidenced by interview and record verification for 1 of 6 clients (#2). The finding is:

Review of client #2's record on 4/30/25 revealed an incident report dated 4/23/25. Further review of the incident report revealed that on 4/22/25, staff was assisting client #2 to the bathroom, and while switching from walker to handrails in the bathroom, staff was holding gait belt when client #2 fell on his right side. Client couldn't stand up and stated his ankle hurts. Continued review of the incident report revealed staff followed agency protocol, emergency medical services (EMS) was called and transport the client to the hospital while staff followed behind. Subsequent review of the record for client #2 did not revealed an IRIS report was completed within 72 hours.

Interview with the site supervisor (SS) on 4/29/25 revealed the client was admitted to the hospital on 4/22/25 following a fall incident. Further interview with the SS revealed client #2 had a broken ankle and required emergency surgery. Continued interview with the SS revealed the client remains at the hospital as of today (4/30/25).

Interview with the program manager (PM) on

Facility will ensure to report all level. 2 and level 3 incidents within 72 hours to LME

To prevent reoccurrence:

ED will educate PM to complete reports on all level 2 and 3 incidents within 72 hours and have evidence via documentation to support that the said reports have been completed.

Person (s) Responsible: ED and PM

To be completed by: 06/13/2025

06/13/2025

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

Weshawna Neal 

TITLE

Program Manager

(X6) DATE

05.06.2025

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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NAME OF PROVIDER OR SUPPLIER VOCA-HARRISBURG ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6620 HARRISBURG ROAD CHARLOTTE, NC 28277		
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W 108	Continued From page 1 4/30/25 substantiated by review of the facility's incident/accident reports and critical incident reports, revealed the facility failed to follow it's systems for documenting and reporting incidents on client #2's fall and no critical incident form was completed. As the facility is required by North Carolina General Statutes 122C to report all level 2 and level 3 incidents within 72 hours, the facility failed to assure compliance with State law.	W 108			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure interventions to manage inappropriate behavior were incorporated into an active treatment program for 1 sampled client (#4). The finding is: Observations in the facility on 4/30/25 at 7:30AM revealed six pairs of shoes on a shelf in the laundry room. Further observations revealed the six pairs of shoes to sit on a shelf underneath the utility sink and lined up neatly on the shelf. Review of the record for client #4 revealed an individual support plan (ISP) dated 6/21/24. Further review of the record for client #4 revealed a behavior support plan (BSP) dated 3/15/25 indicating the client has inappropriate urination and defecation as a target behavior. Continued review of the 3/2025 BSP for client #4 revealed the following interventions relative to inappropriate urination and defecation: toileting	W 288	Facility will ensure the team completes an interdisciplinary team meeting to discuss inappropriate behaviors and ensure interventions to manage inappropriate behavior are incorporated into an active treatment program To prevent reoccurrence: PM will educate QIDP to complete an interdisciplinary team meeting to discuss inappropriate behaviors and ensure interventions to manage inappropriate are incorporated into an active treatment program with guardian and human rights consent and staff trained on plan as written Person (s) Responsible: PM and QIDP To be completed by: 06/13/2025	06/13/2025	

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W 288	Continued From page 2 schedule, visual monitoring every 15 minutes, clean up the area if he urinates in other areas, and prompt client to wash his hands. Review of the 3/2025 BSP did not reveal interventions relative to removing client #4's shoes from his room and storing the shoes in the laundry room. Review of the record for client #4 did not reveal HRC review and approval relative to storing the client's shoes in the laundry room. Review of the record also did not reveal evidence of a core team meeting or BSP updates relative to storing client #4's shoes in the laundry room as an approved intervention. Interview with staff B on 4/30/25 revealed client #4 urinates on his clothes and shoes as a behavior. Further interview with staff B revealed client #4's shoes are stored in the laundry room and the client will pick out a pair of shoes daily or as needed. Interview with the qualified intellectual disabilities professional (QIDP) on 4/30/25 verified there were no BSP updates or evidence of a core team meeting relative to storing client #4's shoes in the laundry room as an approved intervention. Interview with the program manager (PM) on 4/30/25 verified there has been discussion with the client's legally responsible person (LRP) to lock the client's clothes in his closet due to frequent urination. Further interview with the PM verified there have been no updates to client #4's BSP relative to storing the client's shoes in the laundry room as an approved intervention.	W 288			
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4)	W 488			

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W 488 Continued From page 3

The facility must assure that each client eats in a manner consistent with his or her developmental level.

This STANDARD is not met as evidenced by:
Based on observations, record reviews, and interviews, staff failed to assist 2 of 3 sampled clients (#3, #6) to enable them to participate during mealtimes at their developmental level. The finding is:

Afternoon observations on 4/29/25 at 5:13PM revealed staff to assist client #3 with serving his plate for the dinner meal. The meal consisted of oven fried chicken thighs, pinto beans, carrots, apple sauce and sugar free drink. Further observations revealed client #3 to attempt to cut the chicken with a spoon. Continued observations revealed staff to watch client #3 attempt to cut his chicken without offering assistance. At no point during the observation did staff offer to assist client #3 in cutting his chicken with a knife.

Subsequent observations at 5:15PM revealed staff to prompt client #6 to choose items to place on his plate in preparation for the dinner meal. Further observation revealed client #6 to attempt to cut his chicken thighs with a spoon. At no point during the observation did staff offer to assist the client with cutting his meat with a knife.

Review of the record on 4/30/25 for client #3 revealed an individual support plan (ISP) dated 3/6/25. Further review of the record for client #3 revealed a life skills assessment dated 4/16/25 which indicated that client #3 uses a knife with physical assistance and dependence.

Review of the record for client #6 on 4/30/25 revealed an ISP dated 12/11/24. Further review of

Facility will ensure that each client eats in a manner consistent with his or her development level 06/13/2025

To prevent reoccurrence:

- QIDP will review acquisition of dining skills for client #3 and client #6.
- QIDP will implement a training goal to develop skills in relation to use of knife utensil.
- QIDP will educate staff to assist individuals who need assistance with mealtime consistent with developmental level.
- Area Supervisor and Site Supervisor will conduct weekly meal observation in the home and document on meal observation form.

Person (s) Responsible: Area Supervisor and Site Supervisor

To be completed by: 06/13/2025

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W 488	Continued From page 4 the record for client #6 revealed a life skills assessment which indicated the client uses a knife with dependence. Interview with the program manager (PM) on 4/30/25 revealed client #3's life skills assessment is current. Further interview with the PM revealed staff should have offered to assist client #3 with cutting the chicken thighs with a knife using hand over hand assistance as necessary. Interview with the PM on 4/30/25 revealed staff should have assisted client #6 with cutting the chicken thighs as indicated in the life skills assessment. Further interview with the PM revealed staff have been trained to assist clients during mealtimes by offering hand over hand assistance as necessary.	W 488			