

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

PRINTED: 05/21/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G165</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-WOODBRIDGE ROAD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5901 WOODBRIDGE ROAD CHARLOTTE, NC 28227</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 129	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure clients have a right to personal privacy for 1 of 4 sampled clients (#4) during personal care. The finding is:</p> <p>Morning observations on 5/20/25 at 7:41AM revealed staff to escort client #4 to the bathroom and prompt the client to brush her teeth. Further observations revealed staff to exit the bathroom door leaving the door open. Continued observations revealed client #4 began toileting as the door remained open. At no point during the observation did staff return to the bathroom and close the door to ensure client #4's privacy during toileting.</p> <p>Review of the record for client #4 on 5/20/25 revealed an individual support plan (ISP) dated 8/14/24 which indicated the following program goals: identify safety signs, toothbrush goal, oral hygiene goal, laundry goal, write down a grocery list, and participate in the day program. Review of the record did not include interventions relative to ensuring privacy during personal care.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/20/25 verified client #4's goals and interventions were current. Further interview with the QIDP verified staff should have ensured client #4's privacy during toileting.</p>	W 129			
W 137	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12)</p>	W 137			

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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W 137	<p>Continued From page 1</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to ensure clients had the right to retain and use seasonally appropriate clothing for 1 of 4 sampled clients (#3). The finding is:</p> <p>Morning observations on 5/20/25 at 6:35AM revealed client #3 to stand outside with her peers. Further observations from 6:40AM-7:50AM revealed client #3 to wear a pink sweatshirt and grey sweatpants. At no point during the observation did staff offer client #3 weather appropriate clothing choices.</p> <p>Review of the record for client #3 revealed an individual support plan (ISP) dated 2/19/25. Further review of the 2/2025 ISP indicated client #3 has the following diagnosis: I/DD mild; intermittent explosive disorder; complex partial seizure disorder; obstructive sleep apnea; dementia; Stephen Johnson syndrome; scoliosis; and, unspecified congenital cystic kidney disease-left kidney removed. Review of the record for client #3 did not reveal interventions relative to choosing weather appropriate clothing.</p> <p>Interview with staff B on 5/20/25 revealed the client wears heavy clothing often and does not complain about being cold. Interview with staff A on 5/20/25 revealed staff will choose two outfits and allow client #3 to choose an outfit to wear after the client takes her shower. Further interview with both staff A and B verified that client #3 wears heavy clothing often and will have</p>	W 137			

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W 137	Continued From page 2 difficulties choosing clothing on her own.  Interview with the qualified intellectual disabilities professional (QIDP) on 5/20/25 revealed client #3's interventions do not include choosing clothing based on varying weather conditions. Further interview with the QIDP verified all of client #3's program goals and interventions are current. Continued interview with the QIDP verified staff should have offered client #3 choices relative to appropriate weather to improve decision making and self-care skills. Additional interview with the QIDP revealed client #3 could benefit from assistance in choosing clothing appropriate for her health and varying weather conditions.	W 137			
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 review and interview, the facility failed to ensure 1 of 4 sampled clients (#5) received a continuous active treatment program consisting of needed interventions relative to their adaptive equipment. The finding is:	W 249			

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W 249	Continued From page 3  Observations throughout the 5/19-5/20/25 survey revealed client #5 to not have the required carabineer clip on the fence. Continued observations throughout the survey revealed multiple staff to enter and exit the group home without checking the status of the fence.  Review of client #5's record on 5/20/25 revealed a behavior support plan (BSP) dated 4/7/25. Review of the BSP indicated that due to client #5's ritual behavior patterns, a carabineer clip would be added to the fence to ensure her safety.  Interview with the qualified intellectual disabilities professional (QIDP) on 5/20/25 confirmed the carabineer clip should have been secured on the fence. Continued interview with the QIDP revealed staff should be checking to ensure the fence remains closed and always latched.	W 249			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)  The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure that prescribed adaptive equipment was furnished for 1 of 4 sampled clients (#2). The finding is:  Observations during survey 5/19/25 - 5/20/25 revealed client #2 to consume the dinner meal and breakfast meal. Continued observations revealed client #2 was provided with the following	W 436			

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W 436	<p>Continued From page 4</p> <p>utensils: fork, spoon, and butter knife. At no time during the mealtime observations was client #2 provided with a built-up handle utensils, guarded plate, or shirt protector as prescribed.</p> <p>Review of the record on 5/20/25 for client #2 revealed a individual service plan (ISP) dated 2/21/25. Review of the ISP revealed an occupational therapist (OT) note dated 4/8/25 that revealed that the client has a right-hand splint, built-up handle utensils, plate guard, and clothing protector.</p> <p>Interview on 5/20/25 with the qualified intellectual disabilities professional (QIDP) verified that client #2's ISP was current. Continued interview with the QIDP revealed that the staff should have provided the client with her built-up handle utensils, plate guard, and shirt protector during mealtimes.</p>	W 436			