STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G271	A. BUILDING _____ B. WING _____	C 04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-ROLLINS GROUP HOME	297 BOB ROLLINS ROAD FOREST CITY, NC 28043

(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 000	INITIAL COMMENTS A complaint survey was completed on 4/28/25 Intake #NC00229175. The complaint was substantiated and deficiencies were cited.	W 000		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on documentation review and interviews, the facility failed to show evidence that the allegation was thoroughly investigated relative to an incident involving 4 of 4 clients in the home. The finding is: Review of documents on 4/28/25 revealed an Investigative Summary prepared by the Quality Assurance Manager. The two-page document included summaries of all staff interviews conducted, factual findings, and conclusion that the allegation of neglect was substantiated due to responsible staff admitting that they left the home and left the clients without supervision. Further review of the Investigative Summary revealed the following statement, "1st shift staff who arrived at the home at 6:00 AM to no staff on the premises declined to be interviewed for this investigation." Interview with the program manager (PM) on 4/28/25 revealed that the provider had no documentation of the alleged incident outside of the Investigative Summary prepared by the quality manager, described above. The PM confirmed that no time clock records were checked, no phone records were requested, and no efforts outside of requesting an interview were made to attempt to secure a statement from the	W 154	PM, QP, HS, HR will provide oversight in regards to staff not participating in investigations. Staff will receive Corrective Actions for not participating in active investigations. PM and HR will provide monitoring for all investigations to ensure that recommendations and follow-ups are completed. Completed by 6/27/2025	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chris Childers	Program Manager	5/12/2025

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 154	Continued From page 1 staff who discovered the clients unsupervised at 6:00 AM.	W 154		
W 157	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4) If the alleged violation is verified, appropriate corrective action must be taken. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to show evidence of the determination or completion of timely corrective action related to an internal investigation involving and allegation of neglect. The finding is: Review of documents on 4/28/25 revealed an Investigative Summary prepared by the Quality Assurance Manager. The two-page document included summaries of all staff interviews conducted, factual findings, and conclusion that the allegation of neglect was substantiated due to responsible staff admitting that they left the home and left the clients without supervision. Further review of the summary revealed no indication of corrective actions to be taken by the facility in light of the substantiated allegation. Interview with the qualified intellectual disabilities professional (QIDP) and the home manager (HM) on 4/28/25 revealed they had never been directed to take any action relative to retraining staff or reviewing procedures in order to prevent similar incidents in the future. Interview with the program manager (PM) on 4/28/25 confirmed that there was no additional documentation regarding the allegation other than the Investigative Summary referred to above. Further interview with the PM revealed that the	W 157	PM, QP, HS, HR will in=-service all staff and managers on proper reporting, retraining and documentation of reporting incidents of Abuse or Neglect. Will also ensure that all staff participate in active investigations as directed or receive Corrective Actions. Pm and HR will provide monitoring for all investigations to ensure recommendations and follow=ups are completed Completed by 6/27/2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 157	Continued From page 2 staff who admitted to leaving the clients unsupervised was terminated, but that no further action was taken to address the issues raised, including the fact that a witness to the neglect declined to participate in the investigation.	W 157		