DEPARTMENT OF HEALTH AND HUMAN SERVICES

2025 /ED 391

STATEMEN	NT OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA				DRM APPRO NO. 0938-0	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER 34G165 NAME OF PROVIDER OR SUPPLIER		IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		B. WING		05/00/00 07			
			STREET ADDRESS, CITY, STATE, ZIP CODE)5/20/2025		
(X4) ID	VOODBRIDGE ROAD GRO			5901 WOODBRIDGE ROAD CHARLOTTE, NC 28227			
PREFIX	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 129	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) 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: 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.			The facility will ensure the right clients is protected, providing enclient with the opportunity for privacy. To prevent further occurrence: A. QIDP will educate all staff client rights for client #4, clients in the home to enclients have the right to put during treatment and care personal needs. B. QIDP will implement a tragoal to develop skills in restro privacy during personal Person (s) Responsible: QIDP	ersonal f on and all sure all privacy e of ining		
	8/14/24 which indicated goals: identify safety sig hygiene goal, laundry golist, and participate in the the record did not include ensuring privacy during interview with the qualifications of the confessional (QIDP) on 5	support plan (ISP) dated I the following program Ins, toothbrush goal, oral I toal, write down a grocery I day program. Review of I de interventions relative to I personal care. ed intellectual disabilities I compared to the state of the		To be completed by: 07/19/2025 RECEIVED			
i	goals and interventions on terview with the QIDP of ensured client #4's priva	were current. Further verified staff should have cy during toileting.		- 1 1 2 1 2555			
V 137 F	PROTECTION OF CLIEN CFR(s): 483.420(a)(12)	NTS RIGHTS	W 137	DHSR-MH Licensure Sect			

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

TITLE

(X6) DATE

Weshawna Neal

Program Manager

5/28/2025

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			FC	ORM APPROVI
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 34G165		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING		OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
		B WING				
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	0	05/20/2025
VOCA-W	OODBRIDGE ROAD GRO	UP HOME		5901 WOODBRIDGE ROAD		
244115				CHARLOTTE, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	F	(X5) COMPLETION DATE
	The facility must ensure Therefore, the facility have the right to retain personal possessions. This STANDARD is not a sased on observations interviews, the facility of the right to retain and unclothing for 1 of 4 samplinding is: Morning observations or revealed client #3 to see the revealed client #3 to we grey sweatpants. At not observation did staff of appropriate clothing chappers of the record for individual support plans. Further review of the record for individual support plans further review of the 2/43 has the following dia intermittent explosive diseizure disorder; obstruction dementia; Stephen John and, unspecified congentials are considered to choosing weather the condition of the second for client #3 did not relative to choosing weather the wars heavy cloth complain about being content and the second for client wears heavy cloth complain about being content and the second for client wears heavy cloth complain about being content was a second for client wears heavy cloth complain about being content was a second for client wears heavy cloth complain about being content was a second for client wears heavy cloth complain about being content was a second for client wears heavy cloth complain about being content was a second for client wears heavy cloth complain about being content was a second for client was a second	re the rights of all clients. must ensure that clients in and use appropriate and clothing. ot met as evidenced by: s, record review and failed to ensure clients had use seasonally appropriate pled clients (#3). The on 5/20/25 at 6:35AM and outside with her peers. om 6:40AM-7:50AM ear a pink sweatshirt and o point during the fer client #3 weather oices. or client #3 revealed an (ISP) dated 2/19/25. 2025 ISP indicated client agnosis: I/DD mild; isorder; complex partial active sleep apnea; inson syndrome; scoliosis; inital cystic kidney oved. Review of the not reveal interventions atther appropriate clothing. 5/20/25 revealed the ing often and does not old. Interview with staff A ff will choose two outfits	W 13	The facility will ensure the rights clients, providing each client with right to retain and use appropriate personal possessions and clothing. To prevent further occurrence: A. QIDP will implement a trait goal to develop skills in relate to choosing weather approached to clothing. B. QIDP will train all staff on the said program. Person (s) Responsible: QIDP To be completed by: 07/19/2025	the e ning ation priate	07.19.202

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/21/2025 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER (X3) DATE SURVEY A BUILDING COMPLETED 34G165 B WING NAME OF PROVIDER OR SUPPLIER 05/20/2025 STREET ADDRESS, CITY, STATE, ZIP CODE VOCA-WOODBRIDGE ROAD GROUP HOME 5901 WOODBRIDGE ROAD CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 137 Continued From page 2 W 137 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 249 The facility will ensure that each client W 249 PROGRAM IMPLEMENTATION receives a continuous active treatment CFR(s): 483.440(d)(1) program consisting of needed As soon as the interdisciplinary team has interventions and services in sufficient formulated a client's individual program plan, number and frequency to support the each client must receive a continuous active achievement of the objectives identified treatment program consisting of needed interventions and services in sufficient number in the individual program plan. and frequency to support the achievement of the objectives identified in the individual program plan. To prevent further occurrence: A. QIDP will educate all staff on #5 treatment plan consisting of This STANDARD is not met as evidenced by: needed interventions relative to Based on observations, record review and

The finding is:

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.

their adaptive equipment

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

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STATEM	ENT OF DEFICIENCIES	TWEDICAID SERVICES				NO DOSE OS	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER 34G165		IDENTIFICATION NUMBER		PLE CONSTRUCTION G	(X3) DAT	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
		B. WING					
NAME C	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	0	5/20/2025	
VOCA-	WOODBRIDGE ROAD GRO	OUP HOME		5901 WOODBRIDGE ROAD			
				CHARLOTTE, NC 28227			
(X4) IE PREFI TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 24	Observations through revealed client #5 to r carabineer clip on the observations through multiple staff to enter a without checking the s Review of client #5's re a behavior support pla Review of the BSP ind #5's ritual behavior pat	out the 5/19-5/20/25 survey not have the required fence. Continued out the survey revealed and exit the group home status of the fence.	W 24	B. QIDP will educate all staff on ensuring the carabineer clip is se on the fence and the fence rema closed and always latched. Person (s) Responsible: QIDP To be completed by: 07/19/2025	cured ins		
W 436	Interview with the quality professional (QIDP) on carabineer clip should be fence. Continued interview all the fence remains closed a SPACE AND EQUIPME CFR(s): 483.470(g)(2). The facility must furnish and teach clients to use choices about the use on hearing and other command other devices identification interdisciplinary team as This STANDARD is not Based on observations, interview, the facility failed prescribed adaptive equiting 1 of 4 sampled clients (#1000).	fied intellectual disabilities 5/20/25 confirmed the have been secured on the liew with the QIDP e checking to ensure the had always latched. NT I maintain in good repair, hand to make informed f dentures, eyeglasses, hunications aids, braces, fied by the heeded by the client, met as evidenced by: record review and ed to assure that pment was furnished for 2). The finding is: rey 5/19/25 - 5/20/25	W 436	The facility will furnish, maintain in good repair and teach client to use to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, broand other devices identified by the enterdisciplinary team. To prevent further occurrence: A. QIDP will furnish prescribed adaptive equipment for clients #2 B. QIDP will educate all staff of adaptive equipment	e and he ng races,		
	revealed client #2 to cons and breakfast meal. Cons	sume the dinner meal	P	erson (s) Responsible: QIDP			

revealed client #2 was provided with the following

To be completed by: 07/19/2025

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

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(VOLUME TO		OMB NO. 0938-039	
IDENTIFICATION NUMBER 34G165		IDENTIFICATION NUMBER	A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		B. WING				
NAME OF PROVIDER OR SUPPLIER VOCA-WOODBRIDGE ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 WOODBRIDGE ROAD		05/20/2025	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION	
	utensils: fork, spoon during the mealtime provided with a built-plate, or shirt protect. Review of the record revealed a individual 2/21/25. Review of the occupational therapis revealed that the clie built-up handle utens protector. Interview on 5/20/25 of disabilities profession #2's ISP was current, the QIDP revealed the provided the client with	i, and butter knife. At no time observations was client #2-up handle utensils, guarded for as prescribed. I on 5/20/25 for client #2 service plan (ISP) dated he ISP revealed an st (OT) note dated 4/8/25 that not has a right-hand splint, ils, plate guard, and clothing with the qualified intellectual hal (QIDP) verified that client Continued interview with at the staff should have	W 436			