

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

PRINTED: 07/09/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/02/2025
NAME OF PROVIDER OR SUPPLIER VOCA-OAKHAVEN DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 000	INITIAL COMMENTS	W 000			
W 159	<p>A complaint survey was completed on July 2, 2025 for intake #NC00231635. The allegation was substantiated and deficiencies were cited.</p> <p>QIDP CFR(s): 483.430(a)</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on interview and record verification, the facility failed to ensure the qualified intellectual disabilities professional (QIDP) coordinated, integrated, and monitored the changing behavioral health status and active treatment of 1 of 3 sampled clients (#3). The finding is:</p> <p>Review of the record for client #3 on 7/2/25 revealed a QIDP monthly note dated 5/2025 which indicated the client had been moved from a public school setting to an alternative school setting in May 2025. Further review of QIDP documentation revealed client #3 had several incidents at school as the client was having physical altercations with teachers and peers. Continued review of the QIDP documentation revealed the client was suspended several times (up to ten days each time) since December 2024. Additional review of the record for client #3 did not reveal QIDP documentation to confirm monitoring, core team meetings, or techniques to address the client's grades, behaviors and discuss interventions relative to the client's behaviors in the community and school settings. Review of the record for client #3 did not reveal communication with the client's legal guardian to address alternatives and interventions relative to</p>	W 159			

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 159	<p>Continued From page 1</p> <p>the client's behaviors in the school setting. Review of the record did not reveal QIDP documentation relative to the client's behaviors since March 2025.</p> <p>Subsequent review of the record for client #3 revealed a clinical assessment dated 2/6/25 and psychiatric consult dated 2/5/25 which recommended outpatient, group, and weekly individual therapy for the client. Further review of the record did not reveal the client had been receiving therapy services in the past year.</p> <p>Interview with the QIDP during the complaint investigation survey on 7/2/25 revealed client #3 has had multiple suspensions from school (seven in the last seven months), fights with peers, a physical altercation with school personnel, and was failing his classes. Further interview with the QIDP revealed client #3 had been transferred to an alternative school setting and was refusing to go to school. Continued interview with the QIDP revealed there is no documentation to verify the client's behaviors, techniques, and/or interventions to address the client refusing to attend school, physical and verbal aggression in the school setting.</p> <p>Subsequent interview with the QIDP revealed that in May 2025 the alternative school told the facility staff to not allow the client to return to school until the following school year (in August). Additional interview with the QIDP verified that documentation relative to core team meetings, techniques and interventions to address client #3's behaviors and concerns in the school setting should have been completed. Interview with the QIDP also verified the client has had problems in the school setting since November 2024 however</p>	W 159			

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W 159	Continued From page 2 interventions have not been identified and implemented to address the client's behaviors. Interview with the QIDP also verified that the client was refusing to go to school for most of the semester and has not returned to school since early May 2025. There was no evidence of QIDP follow up for the client's behaviors or interventions to address the client's behaviors in the school setting.	W 159			