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

PRINTED: 07/11/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G220	B. WING			07/09/2025	
NAME OF PROVIDER OR SUPPLIER VOCA-WILSON AVENUE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 2103 WILSON AVENUE CHARLOTTE, NC 28208			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE .	(X5) COMPLETION DATE
W 448	evacuation drills, in This STANDARD in Based on docume facility failed to ensimite evacuation drills affected 2 of 3 audifinding is: Review on 7/8/25 of from June '24 - June '44 (newly admitted participated in six finding and the six emerging that indicated client participated in the of drill reports revealed ocumented to indicate and the time Additionally, the fact documentation/meter problems with the findicated review on 7/8/25 of an Individual Support Continued review reports to the facility on 2/1 Review on 7/8/25 of an ISP dated 6/26/2 client #4 was admits Interview on 7/9/25 revealed she was reviewed by many continued review for the facility on 7/9/25 revealed she was revealed she was reversed to the same facility on 7/9/25 revealed she was reversed to the same facility on 7/9/25 revealed she was reversed to the same facility on 7/9/25 revealed she was reversed to the same facility on 7/9/25 revealed she was reversed to the same facility on 7/9/25 revealed she was reversed to the same facility of the same facility	vestigate all problems with acluding accidents. In some that as evidenced by: Intreview and interviews, the sure the evacuation drills were gement and any problems with some investigated. This it clients (#3 and #4). The sure the facility's fire drill reports are '25 revealed client #3 and '9) were documented to have investigated 7/11/24, 1/14/24, 12/16/24, and review of the fire drill reports at #3 and #4 to have drill. Further review of the fire at there were no staff names in the case of the two sounded the "all in which it was cleared. Collity did not provide any eting notes addressing the fire drills. In client #3's record revealed out Plan (ISP) dated 3/10/25. Evealed client #3 was admitted	W	148	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.

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

PRINTED: 07/11/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G220	B. WING			07/	09/2025
NAME OF PROVIDER OR SUPPLIER VOCA-WILSON AVENUE GROUP HOME				21	REET ADDRESS, CITY, STATE, ZIP CODE 03 WILSON AVENUE HARLOTTE, NC 28208		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 448	included client #3 at the drills and that the been documented interview with the Asite supervisor were evaluation drills and dates/times of the completed per the interview with the Athe form entirely to problems with the Control of	and #4 to have participated in their names should not have on the reports. Continued and the eresponsible for reviewing the did that she only looked at the drills to ensure it was drill schedule. Further as revealed she did the review address and document any	W 4	48			