

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:  <b>34G220</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/09/2025</b>
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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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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**W 448** EVACUATION DRILLS  
CFR(s): 483.470(i)(2)(iv)

The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to ensure the evacuation drills were reviewed by management and any problems with the evacuation drills were investigated. This affected 2 of 3 audit clients (#3 and #4). The finding is:

Review on 7/8/25 of the facility's fire drill reports from June '24 - June '25 revealed client #3 and #4 (newly admitted) were documented to have participated in six fire drills dated 7/11/24, 8/15/24, 9/25/24, 11/14/24, 12/16/24, and 1/21/25. Continued review of the fire drill reports revealed six emergency drill/non-fire drill reports that indicated client #3 and #4 to have participated in the drill. Further review of the fire drill reports revealed there were no staff names documented to indicate who sounded the "all clear" and the time in which it was cleared. Additionally, the facility did not provide any documentation/meeting notes addressing the problems with the fire drills.

Review on 7/8/25 of client #3's record revealed an Individual Support Plan (ISP) dated 3/10/25. Continued review revealed client #3 was admitted to the facility on 2/14/25.

Review on 7/8/25 of client #4's record revealed an ISP dated 6/26/25. Continued review revealed client #4 was admitted to the facility on 5/30/25.

Interview on 7/9/25 with the Area Supervisor (AS) revealed she was not aware that the fire drills

**W 448** The facility will ensure the evacuation drills reviewed by management and if there is any problems with the evacuation drills will investigated. To prevent further occurrence:

A. PM will educate all QIDP's to include Area Supervisor and Site Supervisor to review and investigate all problems relative to fire evacuation drills including the reason for extended times needed for group home evacuations.

B. Area Supervisor will review and submit copies of all drills to includes fire and disaster drills to Program Manager.

Person(s) Responsible: PM, QIDP, Area Supervisor and Site supervisor

To be completed by: 07/31/2025

07/31/2025

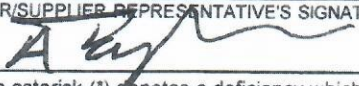
**RECEIVED**

**JUL 18 2025**

DHSR-MH Licensure Sect

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

Andrew Taylor



TITLE

Program Manager

(X6) DATE

07/16/2025

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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COMPLETION  
DATE

W 448 Continued From page 1

included client #3 and #4 to have participated in the drills and that their names should not have been documented on the reports. Continued interview with the AS revealed that she and the site supervisor were responsible for reviewing the evaluation drills and that she only looked at the dates/times of the drills to ensure it was completed per the drill schedule. Further interview with the AS revealed she did the review the form entirely to address and document any problems with the drills.

Interview on 7/9/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #3 and #4 ISPs were current. Continued interview with the QIDP revealed the AS was responsible for reviewing the evacuation drills. Further interview with QIDP revealed that she was unaware of what was documented on the fire drills and that it could have been a system error; she could not provide any documentation or meeting notes addressing the problems with the drills.

W 448