

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G165</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>06/10/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VOCA-WOODBRIDGE ROAD GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE  <b>5901 WOODBRIDGE ROAD , CHARLOTTE, North Carolina, 28227</b>
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(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
W0369	<p><b>DRUG ADMINISTRATION</b></p> <p>CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to ensure that all medications are administered without error for 1 of 3 sampled clients (#2). The finding is:</p> <p>Observations in the group home on 6/10/26 at 7:25 AM revealed client #2 to enter the medication room with staff D. Further observation revealed staff D to administer Vitamin D3 in pill form and ketoconazole and Dry Sol deodorant to the underarm area.</p> <p>Review of records for client #2 revealed a physician's order dated 6/10/26 which indicates client #2 should have hydrocortisone cream applied to the underarms daily at 8:00 AM and ketoconazole cream applied the underarms daily 8:00 PM.</p> <p>Interview with the facility nurse on 6/10/26 confirmed that client #2's physician order is current and that staff should have applied the hydrocortisone applied to the underarms at 8:00 AM and not ketoconazole.</p>	W0369		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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