STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G310	A. BUILDING _____ B. WING _____	01/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC CHEROKEE TRAIL GROUP HOME	105 CHEROKEE TRAIL WILMINGTON, NC 28409

(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 312	DRUG USAGE CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure medications were not ordered on a PRN basis and that they had a policy to address the maximum number of times a medication can be used prior to incorporating it into the medication regimen via the plan. Client # 5 received prn doses of a medication on a routine basis. During observations on 1/28/19 at the day program, client #5 was friendly and corporative. no behaviors were observed. Upon arrival to the group home at 3:30pm, client #5 was not in the living area and the staff were asked where he was. They stated he was in his room resting because he was given a prn medication for behaviors and was tired. Staff were asked to present the medication administration and it was reviewed on computer with the Qualified Intellectual Disabilities Professional (QIDP). It noted the following dates on which the PRN medication was administered to client #5 in the last 2 months: December 9, 2018; December 11, 2018; December 17, 2018 and December 29, 2018;	W 312		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 312	Continued From page 1 January 3, 2019; January 19, 2019 and January 23, 2019 and 1/28/2019. Review on 1/29/19 of client #5's individual program plan dated 10/2/18 indicated he had a behavior support plan. Review of the behavior plan indicated he is prescribed a PRN medication. Further review revealed the current physician's order which prescribed a "PRN medication" of Ativan - Lorazepam 1 mg tablet take one tablet by mouth as needed for behaviors lasting longer than 5 minutes. Review on 1/29/19 of the data sheet indicated client #5 was noted to have a behavior for 5 minutes (not longer than 5 minutes) and that the nurse was called and Ativan was given. Interview on 1/29/19 with the nurse and the QIDP confirmed client #5 received Ativan for the behavior that lasted 5 minutes. When asked for a company policy indicating how many times this PRN medication could be used before it was incorporated into his plan as a medication both stated the company did not have such a policy. However, they indicated it is reviewed at Psychiatric clinic when he goes to see the doctor.	W 312		