	-	ID HUMAN SERVICES			FORM	APPROVED
						. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE COMP	
		34G310	B. WING		01/:	28/2020
NAME OF PF	ROVIDER OR SUPPLIER	l		STREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GRO	DUP HOME		105 CHEROKEE TRAIL WILMINGTON, NC 28409		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS		w oc	00		
W 122	Deficiencies were cite complaint survey for complaint allegation r supervision was subs CLIENT PROTECTIO CFR(s): 483.420	Intake #NC00159216. The regarding providing adequate stantiated. DNS ure that specific client	W 12	22		
W 130	The facility failed to: with safeguarding the (W130); implement w procedures that prohi (W149), ensure that of reported all allegation administrator and oth policy (W153), and en neglect were thoroug management staff (W The cumulative effect resulted in the facility statutorily mandated to its clients. PROTECTION OF CI CFR(s): 483.420(a)(7 The facility must ensu	bit neglect of clients direct care staff immediately as of neglect to the er officials as required by nsure that all allegations of hly investigated by (154). t of these systemic practices 's failure to provide services of client protections LIENTS RIGHTS ') ure the rights of all clients. must ensure privacy during	W 13	30		

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

TITLE

(X6) DATE

PRINTED: 02/04/2020

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.

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB N	O. 0938-039	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · ·	E SURVEY IPLETED	
		34G310	B. WING		01	/28/2020	
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE			
LIFE, INC	CHEROKEE TRAIL GRO	DUP HOME		105 CHEROKEE TRAIL WILMINGTON, NC 28409			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE	
W 130	This STANDARD is r Based on observatio interview the facility fa of 4 audit clients (#1) The finding is: Staff did not provide f during dressing. During observations i 5:55am staff F went t client #1 to his bedroo was wearing a shirt a Staff F walked into cli pair of pants for him t was open leaving him selected a pair of par #1 while he was sittin the bedroom remaine being dressed. Staff with 5 clients on third were 3 clients awake Review on 1/28/20 of program plan (IPP) da needs reminders to k awareness of privacy Interview on 1/28/20 of program plan (IPP) da needs reminders to k awareness of privacy Interview on 1/28/20 of privacy. STAFF TREATMENT CFR(s): 483.420(d)(1	not met as evidenced by: ns, record review and ailed to provide privacy for 1 during his morning routine. For audit client #1's privacy In the facility on 1/28/20 at to the hallway to redirect to when she saw that he nd an incontinence product. The bedroom to locate a to wear. The bedroom door in full view. Staff F ths and began to dress client g on the bed. The door to ad open while client #1 was F was the only staff working shift. At 5:55am, there (#1, #3 and #5). f client #1's individual ated 4/3/19 revealed he nock and has a limited with the qualified intellectual tal (QIDP) revealed staff 1 with shutting doors when his limited awareness of OF CLIENTS) elop and implement written	W 13				

Facility ID: 944598

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	: 02/04/2020 APPROVED . 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	E CONSTRUCTION		(X3) DATE COMPI	SURVEY
		34G310	B. WING			01/2	28/2020
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GRC	OUP HOME		105 CHEROKEE TRAIL WILMINGTON, NC 28409			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE D TO THE APPROPRIA" ICIENCY)		(X5) COMPLETION DATE
W 149	Continued From page mistreatment, neglect	e 2 or abuse of the client.	W 149				
	Based on observation interview the facility fa and procedures that p	ailed to assure it's policies prohibit neglect were ant the neglect of 3 of 4 audit					
		client #3 was adequately him from invading the nd #5.					
	the front and back do also a sensor above of from the living room.	/20 in the facility from I there were sensors at both ors of the facility. There was client #3's bedroom door off When the bedroom door g noise could be heard.					
	to be replaced. Once (RM) replaced the bat	on the door alarm needed the residential manager tteries, the door alarm enough so the sound could					
	batteries on the door replaced. After the R the door alarm began the sound could be de facility. Further interv the batteries every we replaced. Subsequer	M replaced the batteries, to chime loud enough so etected at the back of the iew revealed she checks eek to see if they need to be at interview revealed that r what date the door alarm					

Facility ID: 944598

If continuation sheet Page 3 of 31

		MEDICAID SERVICES				IO. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		· · · ·	E SURVEY IPLETED
		34G310	B. WING		0	1/28/2020
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GRO	OUP HOME		105 CHEROKEE TRAIL WILMINGTON, NC 28409		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
W 149	Continued From page	e 3	W 14	9		
	 W 149 Continued From page 3 Interview on 1/27/20 with staff E revealed he felt there was an issue with not having sufficient staff to cover the areas of the facility which included: kitchen, living room, dining room and back hallway. Further interview revealed client #3 has a long history of making sexual advances towards his peers. Additional interview revealed he had witnessed a dozen incidents during the past year with client #3 targeting clients #1 and #5. Additional interviews with staff E revealed client #3 took advantage of staff being busy in the laundry room and kitchen to approach other clients. Staff E stated client #3 was quick and in less than 5 minutes he could take clients by the hand, lead them to the bathroom and disrobe them. Staff E further stated if staff don't immediately see clients #1 and #5 they go looking for them in the bathroom, to make certain client #3 has not lead them into the bathroom areas of the facility. 					
	been reporting these He stated less than a assisting with dinner was not in the commo found him naked in th Staff E stated he did sexual took place. Review on 1/27/20 of	w with staff E revealed he has incidents to his manager. week ago he was busy when he noticed client #1 on area of the facility and he bathroom with client #3. not think that anything f the staff communication log ted 1/18/20 which revealed				
	staff found clients #1 together. Client #5 w	and #3 in the bathroom /as naked.				
	Interview on 1/27/20 was aware of the entr	vas naked. with the RM revealed she ry on 1/18/20 and had talked s incident, however she did				

Facility ID: 944598

If continuation sheet Page 4 of 31

		MEDICAID SERVICES				O. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	E SURVEY IPLETED
		34G310	B. WING		0	1/28/2020
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GRO	DUP HOME	105 CHEROKEE TRAIL WILMINGTON, NC 28409			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W 149	Continued From page	e 4	W 149			
	not report it to the qua professional (QIDP) .	alified intellectual disabilities				
	could not keep up with he has seen client #3 towards clients #1 an revealed until Decem shared a bedroom. Se bedroom was nearby going into their bedro and #5's clothing. He able to defend thems were never any conse inappropriate behavior Interview on 1/28/20 was overwhelmed try the only staff on third stated on the morning before the surveyors was taking client #3 to	with staff F revealed she ing to supervise 5 clients as shift from 11pm-7am. She g of 1/28/20 around 5:15am, arrived at the facility, she o the bathroom. She stated				
	bathroom, she discov	w client #3 to the hallway rered 3 in the bathroom with client #5 had his pants as looking at him.				
	program (BSP) dated target behaviors of se elopement, aggression space of others. The	on and invading the personal interventions included the				
		constant supervision and e area when he displays this				
	Review on 1/27/20 of program plan (IPP) d functions in the sever	ated 8/1/19 revealed he				

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		MEDICAID SERVICES			OMB NO. 093		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVE COMPLETED		
		34G310	B. WING		01/28/20)20	
NAME OF F	ROVIDER OR SUPPLIER	-	5	STREET ADDRESS, CITY, STATE, ZIP CODE			
LIFE, INC	CHEROKEE TRAIL GRO	OUP HOME		105 CHEROKEE TRAIL WILMINGTON, NC 28409			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COM	(X5) IPLETIO DATE	
W 149	disability and client # inappropriate sexual the IPP revealed, "he sexually inappropriat #1, #5's names]. Sta whereabouts of [clier alarm on his door. S alarm and remove hin displays this target be Additional interview of revealed the team ha to increase his level of 1/27/20. Review on 1/28/20 of (d) revealed Neglect goods or services ne harm, mental anguish Subsequent interview revealed she was no communication log e clients #1 and #3 bei together. When aske for client #3 required staff's supervision at his room and then he She acknowledged th checked daily to ensu Additional interview r had been relocated in staff better visual sup interview revealed th #3's level of supervis	3 has a history of displaying behavior. Further review of a has a history of displaying e behavior targeting [clients off should know the at #3] at all times. Has an taff should respond to the m from the area when he ehavior. on 1/28/20 with the QIDP ad not revised client #3's BSP of supervision prior to f the facility policy 1204:13 is the failure to provide cessary to avoid physical h or mental illness. v on 1/27/20 with the QIDP t aware of the ntry dated 1/18/20 about ng located in the bathroom ed what constant supervision , she stated he was to be in all times unless he was in a required 30 minute checks. he door alarm should be ure it is operational. evealed client #3's bedroom in December 2019 to give pervision of him. Additional e facility had increased client ion on 1/27/20 on second a told by the surveyors that	W 149				

Facility ID: 944598

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 02/04/2020 APPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE	
		34G310	B. WING		_	01/:	28/2020
NAME OF PF	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, S	TATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GRO	DUP HOME		05 CHEROKEE TRAIL VILMINGTON, NC 2840	09		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 149	Continued From page 1/28/20 at 5:15am.	6	W 149				
W 153	client #3's bedroom a the bedroom door of a revise client #3's BSP supervision requireme adequate staffing to th 3's behavioral needs. STAFF TREATMENT CFR(s): 483.420(d)(2) The facility must ensu- mistreatment, neglect injuries of unknown so immediately to the ad) are that all allegations of c or abuse, as well as purce, are reported ministrator or to other e with State law through	W 153				
	Based on record revi facility failed to assure notified immediately of 3 of 4 audit clients (# Staff failed to notify the of client #3's inapprop	not met as evidenced by: ews and interviews the e the administrator was of an incident. This affected #1, #3, #5). The finding is: e administrator of incidents oriate behavior towards ese incidents could be ed.					
	there was an issue wi to cover the areas of t kitchen, living room, o hallway. Further inter a long history of maki	with staff E revealed he felt th not having sufficient staff the facility which included: lining room and back view revealed client #3 has ng sexual advances towards interview revealed he had					

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 02/04/2020 APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION		(X3) DATE	
		34G310	B. WING			_	01/:	28/2020
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, S	TATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GRO	OUP HOME			05 CHEROKEE TRAIL VILMINGTON, NC 284	09		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 153	witnessed a dozen ind with client #3 targeting Additional interviews w #3 took advantage of laundry room and kito clients. Staff E stated less than 5 minutes h hand, lead them to the them. Staff E further immediately see clien for them in the bathro has not lead them into facility. Subsequent interview been reporting these He stated less than a assisting with dinner w was not in the commo found him naked in th Staff E stated he did r sexual took place. Interview on 1/27/20 w could not keep up with he has seen client #3 towards clients #1 and revealed until Decemi shared a bedroom. S bedroom was nearby to go into their bedrood and #5's clothing. He able to defend themso	cidents during the past year g clients #1 and #5. with staff E revealed client staff being busy in the chen to approach other d client #3 was quick and in e could take clients by the e bathroom and disrobe stated if staff don't its #1 and #5 they go looking om to make certain client #3 of the bathroom areas of the with staff E revealed he has incidents to his manager. week ago he was busy when he noticed client #1 on area of the facility and he bathroom with client #3. not think that anything with staff D revealed he h the number of times that make sexual advances d #5. Further interview ber 2019 clients #1 and #5 staff D stated that client #3's and he had been witnessed om and remove clients #1 e stated neither client was elves. Staff D stated there equences for client #3's ors. He stated he had	W	153				

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		ND HUMAN SERVICES MEDICAID SERVICES			FORM APPRO OMB NO. 0938-0
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G310	B. WING _		01/28/2020
NAME OF PF	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE	, ZIP CODE
LIFE. INC	CHEROKEE TRAIL GR			105 CHEROKEE TRAIL	
				WILMINGTON, NC 28409	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION (X5) YE ACTION SHOULD BE COMPLETI D TO THE APPROPRIATE DATE ICIENCY)
W 153	Continued From pag	e 8	W 1	53	
	Interview on 1/28/20	with staff F revealed she			
		ying to supervise 5 clients as			
		I shift from 11pm-7am. She g of 1/28/20 around 5:15am			
		arrived at the facility, she			
	-	to the bathroom. She stated			
	before she could foll				
		in the bathroom with client t #5 had his pants down and			
	client #3 was looking	-			
	revealed on 1/18/20	f the staff communication log revealed staff found clients nroom. together. Client #5			
	Interview on 1/27/20	with the residential manager			
	. ,	ad been told of incidents of			
		ate behavior on 1/18/20 ted in the communication log.			
		not communicated this to the			
		disabilities professional			
		e. Further interview revealed			
	-	of any additional incidents of ate behavior towards clients			
		vever acknowledged staff F			
		he incident that occurred on			
		volving clients #3 and #1 in			
	the bathroom.				
		with the QIDP revealed she			
		any incidents of client #3's			
		or towards clients #1 and #5, unaware of the incident in the			
		n 1/18/20 involving clients #1			
	and #3. The QIDP a	lso stated she had not been			
		n 1/28/20 at 5:15am involving rther interview revealed all			
	allopt #6 and #2 Eu				

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PRINTED: 02/04/2020 FORM APPROVED

	OF DEFICIENCIES	MEDICAID SERVICES		CONSTRUCTION	OMB NC (X3) DATE		
	F CORRECTION	IDENTIFICATION NUMBER:			· · ·	PLETED	
		34G310	B. WING		01/	28/2020	
NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE			
LIFE, INC	CHEROKEE TRAIL GRO	DUP HOME		05 CHEROKEE TRAIL VILMINGTON, NC 28409			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIOI DATE	
W 153	abuse, neglect or exp	ploitation immediately to her	W 153				
W 154	so these incidents ca STAFF TREATMENT CFR(s): 483.420(d)(3	OF CLIENTS	W 154				
	The facility must have evidence that all alleged violations are thoroughly investigated.						
	This STANDARD is not met as evidenced by: Based on review of facility records and interview, the facility failed to consider all sources of evidence to thoroughly investigate allegations of neglect and exploitation involving 3 of 4 audit clients (#1, #3, #5) and a former client. The findings are:	acility records and interview, onsider all sources of ly investigate allegations of on involving 3 of 4 audit					
		A. Management staff did not investigate allegations of exploitation by client #3 involving clients #1, #5.					
	there was an issue w to cover the areas of kitchen, living room, o hallway. Further inter long history of making his peers. Additional	with staff E revealed he felt ith not having sufficient staff the facility which included: dining room and back view revealed client #3 has a g sexual advances towards interview revealed he had cidents during the past year g clients #1 and #5.					
	#3 took advantage of laundry room and kite clients. Staff E stated less than 5 minutes h	with staff E revealed client staff being busy in the chen to approach other d client #3 was quick and in he could take clients by the e bathroom and disrobe stated if staff don't					

Facility ID: 944598

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 02/04/2020 MAPPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· , ,		E CONSTRUCTION	(X3) DATE	
		34G310	B. WING			01/	28/2020
NAME OF P	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GRO	DUP HOME			105 CHEROKEE TRAIL WILMINGTON, NC 28409		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
W 154	for them in the bathro #3 has not lead them the facility. Subsequent interview been reporting these He stated less than a assisting with dinner was not in the common found him naked in th Staff E stated he did not sexual took place. Review on 1/27/20 of revealed an entry date staff found clients #1 together. Client #5 w Interview on 1/27/20 of (RM) revealed she was 1/18/20 and had talked incident, however she qualified intellectual de (QIDP). Interview on 1/27/20 of these allegations were B. Management faile evidence when invest clients. Review on 1/27/20 of 10/2/19 revealed an a facility nurse that a fo and changed after has	ts #1 and #5 they go looking om, to make certain client into the bathroom areas of with staff E revealed he has incidents to his manager. week ago he was busy when he noticed client #1 on area of the facility and e bathroom with client #3. not think that anything the staff communication log ed 1/18/20 which revealed and #3 in the bathroom. as naked. with the residential manager as aware of the entry on ed with staff E about this e did not report it to the isabilities professional with the QIDP revealed e not investigated. d to consider all sources of tigating possible neglect of an investigation dated allegation was made to the rmer client had not been fed ving several seizures. en from staff B and the	W	154			

Facility ID: 944598

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	S FOR MEDICARE &					O. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	· · ·	E SURVEY PLETED
		34G310	B. WING		01	/28/2020
NAME OF P	ROVIDER OR SUPPLIER	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GRO	DUP HOME		05 CHEROKEE TRAIL VILMINGTON, NC 28409		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE
W 154		erbal and was not able to	W 154			
	former client had mul time on 10/2/19 and v contacted the facility to get him to consum alert. She stated she was more alert, she v containers of Ensure.	with staff B revealed the tiple seizures in a very short was not alert. She stated she nurse who advised her to try e Ensure when he was more e changed him and when he vas able to give him 2 . When asked if any of the rviewed, she stated she was				
W 186	disabilities profession two clients that are in When asked if they w date, she confirmed t clients #3 and #2 wer "No."	with the qualified intellectual nal (QIDP) revealed there are terviewable in the facility. vere in the facility on that hey were. When asked if re interviewed, she stated,	W 186			
	CFR(s): 483.430(d)(1 The facility must prov staff to manage and s accordance with their Direct care staff are c on-duty staff calculate	-2) ride sufficient direct care				
	This STANDARD is a Based on observatio interview the facility f	not met as evidenced by:				

Facility ID: 944598

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	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM	2: 02/04/2020 APPROVED 0: 0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE	
		34G310	B. WING		_	01/2	28/2020
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	TATE, ZIP CODE	•	
LIFE, INC	CHEROKEE TRAIL GRO	UP HOME		05 CHEROKEE TRAIL)9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 186	and behavioral interve audit clients (#1, #3 a Staff failed to provide supervise client #3 as support program (BS Observations on 1/28, 3:40-6:00pm revealed the front and back doo also a sensor above of from the living room. was opened, a clickim Interview on 1/27/20 of there was an issue wit to cover the areas of t kitchen, living room, d hallway. Further inter a long history of makin his peers. Additional witnessed a dozen ind with client #3 targeting Additional interviews of laundry room and kitc clients. Staff E stated less than 5 minutes he hand, lead them to the them. Staff E further immediately see clien for them in the bathro	eas of dining, self help skills ention. This affected 3 of 4 nd #5). The finding is: sufficient direct care staff to specified in his behavior P). /20 in the facility from I there were sensors at both ors of the facility. There was client #3's bedroom door off When the bedroom door g noise could be heard. with staff E revealed he felt th not having sufficient staff the facility which included: ining room and back view revealed client #3 has ng sexual advances towards interview revealed he had cidents during the past year g clients #1 and #5. with staff E revealed client staff being busy in the hen to approach other d client #3 was quick and in e could take clients by the e bathroom and disrobe	W 186				
	-	with staff E revealed he has ncidents to his manager.					

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 02/04/2020 APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE	
		34G310	B. WING			01/2	28/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GRO	OUP HOME		105 CHEROKEE TRAIL WILMINGTON, NC 284	09		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 186	He stated less than a assisting with dinner was not in the common found him naked in the Staff E stated he did new sexual took place. Review on 1/27/20 of revealed an entry data staff found clients #1 together. Client #5 w Interview on 1/27/20 w (RM) revealed she was 1/18/20 and had talked incident, however she qualified intellectual d (QIDP) . Interview on 1/27/20 w could not keep up with he has seen client #3 towards clients #1 and revealed until December shared a bedroom. See bedroom was nearby to go into their bedroot and #5's clothing. He able to defend themse were never any consect inappropriate behavior. Interview on 1/28/20 was overwhelmed try the only staff on third stated on the morning before the surveyors a was taking client #3 towards client #3 towards client #3 towards client behavior.	week ago he was busy when he noticed client #1 on area of the facility and e bathroom with client #3. not think that anything the staff communication log ed 1/18/20 which revealed and #3 in the bathroom. as naked. with the residential manager as aware of the entry on ed with staff E about this e did not report it to the isabilities professional with staff D revealed he h the number of times that make sexual advances d #5. Further interview ber 2019 clients #1 and #5 staff D stated that client #3's and he had been witnessed om and remove clients #1 e stated neither client was elves. Staff D stated there equences for client #3's	W 18	6			

Facility ID: 944598

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		MEDICAID SERVICES				O. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		· · ·	E SURVEY IPLETED
		34G310	B. WING		0,	1/28/2020
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GRO	OUP HOME		05 CHEROKEE TRAIL VILMINGTON, NC 28409		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
W 186	Continued From page	e 14	W 186			
		vered client #3 in the #5. She stated client #5 had client #3 was looking at him.				
	program (BSP) dated target behaviors of se elopement, aggression space of others. The use of a door alarm,	f client #3's behavior support d 5/27/19 revealed he has exual misconduct, on and invading the personal e interventions included the constant supervision and he area when he displays this				
	program plan (IPP) d functions in the seven disability and client # inappropriate sexual the IPP revealed, "he sexually inappropriat #1, #5's names]. Sta whereabouts of [clier alarm on his door. S	nt #3] at all times. He has an itaff should respond to the m from the area when he				
W 195	disabilities profession home is currently und on several shifts. Fu staff have been traine Additional interview r considered an increa		W 195			
	The facility must ensite treatment services re	ure that specific active equirements are met.				

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		ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 02/04/202 M APPROVE O. 0938-039
TATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE	E SURVEY PLETED
		34G310	B. WING		01	/28/2020
NAME OF PI	ROVIDER OR SUPPLIER	I	STF	REET ADDRESS, CITY, STATE, ZIP CODE		
	CHEROKEE TRAIL GRO		105	CHEROKEE TRAIL		
	CHEROREE TRAIL GRO		WI	LMINGTON, NC 28409		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 195	Continued From page	e 15	W 195			
W 196	The facility failed to a sufficient direct care a as specified in his be (W186); each client re treatment program, w consistent implement specialized and gene services and related a towards the acquisition necessary for the client self determination and (W196); that supervise consistently as indication individual program plat collected as prescribed support program (W2 intellectual disabilities revised as needed the (BSP) as needed for was determined it was his behaviors (W257) The cumulative effect resulted in the facility statutorily mandated the clients. ACTIVE TREATMEN CFR(s): 483.440(a)(1) Each client must rece treatment program, w consistent implement specialized and gene	ent to function with as much d independence as possible sion was provided ted in 1 of 4 audit clients' an (W249), that data was ed for client #3's behavior (52) and the qualified s professional (QIDP) e behavior support program 1 of 4 audit clients when it s not effective in addressing). t of these systemic practices 's failure to provide active treatment services to T	W 196			

Facility ID: 944598

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMP	LETED
		34G310	B. WING		01/	28/2020
NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GR	OUP HOME		05 CHEROKEE TRAIL VILMINGTON, NC 28409		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
W 196	subpart, that is direc (i) The acquisition of the client to function determination and in (ii) The prevention	ted toward: of the behaviors necessary for	W 196			
	Based on observation interview, the team for continuous aggressive was implemented for which provided cons individual program p the facility, which pro- much independence	not met as evidenced by: ons, record review and ailed to assure that a ve active treatment program r 1 of 4 audit clients (#3) istent implementation of the lan (IPP) and interventions in omoted client function with as as possible and prevented ed skills. The findings				
W 249	behavior support pro door sensor was wo supervised. Cross re	IENTATION	W 249			
	formulated a client's each client must reco treatment program c interventions and se and frequency to sup	disciplinary team has individual program plan, eive a continuous active onsisting of needed rvices in sufficient number oport the achievement of the in the individual program				

Event ID: ZK0011

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FICIENCIES RECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DA1	E SURVEY
34G310		A. BUILDING		COMPLETED	
	34G310	B. WING		0	1/28/2020
ER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ROKEE TRAIL GRO	UP HOME		105 CHEROKEE TRAIL WILMINGTON, NC 28409		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETION DATE
s STANDARD is n sed on observation ew, the team failed rventions to support cted 1 of 4 audit c f failed to consiste avior support prog r sensor was work sistently supervise ing observations a 0pm-6pm staff wer nt #3's bedroom w m. When staff oper r a clicking sound n a sensor over his e two direct care s rview on 1/27/20 w k to see if they ner remember what day was last checked. rview on 1/27/20 w is was an issue wi over the areas of the nen, living room, d way. Further inter ng history of makin peers. Additional	not met as evidenced by: n, interviews and record d to implement sufficient program (BSP). This lients (#3). The finding is: ently implement client #3's gram by failing to ensure his sing and that he was ed. at the facility on 1/27/20 from re noted to go in and out of thich adjoined the living ened client #3's bedroom could faintly be detected is bedroom door. There staff working with 5 clients. with the residential manager ecks the batteries every red to be replaced. She did ate the door alarm for client with staff E revealed he felt th not having sufficient staff the facility which included: lining room and back view revealed client #3 has ng sexual advances towards interview revealed he had	W 24	9		
	(EACH DEFICIENCY REGULATORY OR L REGULATORY OR L STANDARD is n sed on observation ew, the team failed rventions to support cted 1 of 4 audit c f failed to consiste avior support prog r sensor was work sistently supervise ng observations a opm-6pm staff wer nt #3's bedroom w n. When staff oper r a clicking sound n a sensor over his e two direct care s rview on 1/27/20 w l) revealed she ch k to see if they ne remember what day vas last checked. rview on 1/27/20 w lover the areas of the nen, living room, d way. Further inter ing history of making beers. Additional essed a dozen ind client #3 targeting itional interviews w	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) tinued From page 17 s STANDARD is not met as evidenced by: sed on observation, interviews and record ew, the team failed to implement sufficient ventions to support the achievement of client behavior support program (BSP). This cted 1 of 4 audit clients (#3). The finding is: if failed to consistently implement client #3's avior support program by failing to ensure his r sensor was working and that he was sistently supervised. Ing observations at the facility on 1/27/20 from 0pm-6pm staff were noted to go in and out of nt #3's bedroom which adjoined the living n. When staff opened client #3's bedroom r a clicking sound could faintly be detected n a sensor over his bedroom door. There e two direct care staff working with 5 clients. rview on 1/27/20 with the residential manager 1) revealed she checks the batteries every k to see if they need to be replaced. She did remember what date the door alarm for client vas last checked. rview on 1/27/20 with staff E revealed he felt e was an issue with not having sufficient staff over the areas of the facility which included: nen, living room, dining room and back way. Further interview revealed client #3 has ng history of making sexual advances towards overs. Additional interview revealed client #3 has ng history of making sexual advances towards overs. Additional interview revealed client #3 has ng history of making sexual advances towards overs. Additional interview revealed client #3 has ng history of making sexual advances towards overs. Additional interview revealed client #3 has ng history of making sexual advances towards overs. Additional interview revealed client #3 has ng history of making sexual advances towards overs. Additional interview revealed client #3 has ng history of making sexual advances towards overs. Additional interview revealed client #5. itional interviews with staff E revealed client	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG tinued From page 17 W 24 is STANDARD is not met as evidenced by: sed on observation, interviews and record ew, the team failed to implement sufficient ventions to support the achievement of client behavior support program (BSP). This cted 1 of 4 audit clients (#3). The finding is: W 24 f failed to consistently implement client #3's avior support program by failing to ensure his r sensor was working and that he was sistently supervised. Image: State St	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHE (EACH CORRECTIVE ACTION SHE DEFICIENCY) tinued From page 17 W 249 STANDARD is not met as evidenced by: sed on observation, interviews and record aw, the team failed to implement sufficient ventions to support the achievement of client behavior support program (BSP). This cted 1 of 4 audit clients (#3). The finding is: f failed to consistently implement client #3's avior support program by failing to ensure his resnor was working and that he was sistently supervised. ng observations at the facility on 1/27/20 from ppm-6pm staff were noted to go in and out of a sensor over his bedroom a clicking sound could faintly be detected as a sensor over his bedroom door. There a two direct care staff working with 5 clients. rview on 1/27/20 with staff E revealed he felt e was an issue with not having sufficient staff over the areas of the facility which included: ten, living room, dining room and back way. Further interview revealed client #3 has g history of making sexual advances towards beers. Additional interview revealed he had eases dozen incidents during the past year client #3 targeting clients #1 and #5.	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 CORRECTVE ACTION SHOLD BE CROSS-REFERENCE D TO THE APPROPRIATE DEFICIENCY) tinued From page 17 W 249 tinued From page 17 W 249 edd no baservation, interviews and record we, the team failed to implement sufficient ventions to support the achievement of client behavior support program (BSP). This cted 1 of 4 audit clients (#3). The finding is: W 249 f failed to consistently implement client #3's avior support program by failing to ensure his r sensor was working and that he was sistently supervised. In a clicking sound could faintly be detected in a sensor over his bedroom door. There a wo direct care staff working with 5 clients. rview on 1/27/20 with the residential manager () revealed she checks the batteries every () revealed she checked. She did remember what date the door alarm for client was an issue with not having sufficient staff over the areas of the facility which included: ten, living room, dining room and back way. Further interview revealed client #3 has ng history of making sexual advances towards baers. Additional interviews revealed client #3 has ng history of making sexual advances towards baers. Additional interview revealed client #3 has ng history of making sexual advances towards baers. Additional interview weekaled client #3 has ng history of making sexual advances towards baers. Additional interview weekaled client #3 has ng history of making sexual advances towards baers. Additional interview weekaled client #3 has ng history of making sexual advances towards baers. Additional interview revealed client #3 has ng history o

Facility ID: 944598

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	F DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIP	LE CONSTRUCTION		IO. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	. ,			PLETED
		34G310	B. WING		0	1/28/2020
IAME OF PF	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	DE	
IFE, INC	CHEROKEE TRAIL GRO	DUP HOME		105 CHEROKEE TRAIL WILMINGTON, NC 28409		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
W 249	Continued From page	e 18	W 24	9		
		d client #3 was quick and in				
	less than 5 minutes h	e could take clients by the				
	hand, lead them to th them. Staff E further	e bathroom and disrobe				
		its #1 and #5 they go looking				
	-	oom, to make certain client				
	#3 has not lead them the facility.	into the bathroom areas of				
	been reporting these	v with staff E revealed he has incidents to his manager. week ago he was busy				
	assisting with dinner was not in the commo found him naked in the Staff E stated he did in	when he noticed client #1 on area of the facility and he bathroom with client #3. not think that anything				
	sexual took place.	the staff communication log				
	revealed an entry dat	ed 1/18/20 which revealed and #3 in the bathroom				
	could not keep up wit	with staff D revealed he h the number of times that make sexual advances				
	towards clients #1 an revealed until Decem	d #5. Further interview ber 2019 clients #1 and #5				
	bedroom was nearby	Staff D stated that client #3's and he had been witnessed om and remove clients #1				
	and #5's clothing. He able to defend thems	e stated neither client was elves. Staff D stated there				
	inappropriate behavio	equences for client #3's ors.				
	Review on 1/27/20 of	client #3's behavior support				

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	S FOR MEDICARE &					O. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · ·	E SURVEY IPLETED
		34G310	B. WING		01/28/2020	
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GR	OUP HOME		105 CHEROKEE TRAIL WILMINGTON, NC 28409		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
W 249	elopement, aggressid space of others. The use of a door alarm, removing him from th behavior. Review on 1/27/20 o program plan (IPP) of functions in the seve disability and client # inappropriate sexual the IPP revealed, "he sexually inappropriat #1, #5's names]. Sta whereabouts of [clier alarm on his door. S alarm and remove hi displays this target b Closer observation o revealed the batterie replaced. The reside batteries and when th sensor could be deter facility.	on and invading the personal e interventions included the constant supervision and ne area when he displays this f client #3's individual lated 8/1/19 revealed he re range of intellectual 3 has a history of displaying behavior. Further review of a has a history of displaying e behavior targeting [clients ff should know the nt #3] at all times. Has an taff should respond to the m from the area when he	W 249			
	sensor daily. Furthe should consistently b location as per his IP interview confirmed o previously required s every 30 minutes prio	he batteries in the door r interview revealed staff be aware of client #3's P and BSP. Additional client #3's supervision had taff to check on client #3 for to 1/27/20 but that his bent had changed on 1/27/20				

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					OMB NO. 093	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVE COMPLETED	
		34G310	B. WING		01/28/20)20
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GRO	OUP HOME		05 CHEROKEE TRAIL VILMINGTON, NC 28409		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COM	(X5) IPLETIOI DATE
W 249	Continued From page	e 20	W 249			
W 252	and provide consister other clients in the fa BSP not being impler		W 252			
	specified in client ind	mplishment of the criteria				
	Based on record rev failed to ensure all da criteria specified in th (IPP) was documente	not met as evidenced by: riew and interview, the facility ata relative to objective ne Individual Program Plan ed in measurable terms. nudit clients (#3). The finding				
	-	data was not collected as avior support program (BSP).				
	behavior support pro) of the data for client #3's gram revealed no available haviors in the month of				
	there was an issue w to cover the areas of kitchen, living room, o hallway. Further inte a long history of mak	with staff E revealed he felt rith not having sufficient staff the facility which included: dining room and back rview revealed client #3 has ing sexual advances towards interview revealed he had				

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		MEDICAID SERVICES				NO. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION	. ,	TE SURVEY
		34G310	B. WING		- ()1/28/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA	ATE, ZIP CODE	
LIFE, INC	CHEROKEE TRAIL GRO	DUP HOME		105 CHEROKEE TRAIL WILMINGTON, NC 2840	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE ICED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIO DATE
W 252	Continued From page	e 21	W 2	52		
		cidents during the past year				
	Additional interviews with staff E revealed client #3 took advantage of staff being busy in the laundry room and kitchen to approach other clients. Staff E stated client #3 was quick and in less than 5 minutes he could take clients by the hand, lead them to the bathroom and disrobe them. Staff E further stated if staff don't immediately see clients #1 and #5 they go looking for them in the bathroom to make certain client #3 has not lead them into the bathroom areas of the facility. Subsequent interview with staff E revealed he has been reporting these incidents to his manager. He stated less than a week ago he was busy					
	assisting with dinner was not in the commo found him naked in the	week ago ne was busy when he noticed client #1 on area of the facility and ne bathroom with client #3. not think that anything				
	revealed an entry dat	the staff communication log ed 1/18/20 which revealed and #3 in the bathroom as naked.				
	was overwhelmed try the only staff on third stated on the morning before the surveyors was taking client #3 to	20 with staff F revealed she ing to supervise 5 clients as shift from 11pm-7am. She g of 1/28/20 around 5:15am, arrived at the facility, she o the bathroom. She stated				
		n the bathroom with client #5 had his pants down and				

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB N	IO. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	· · ·	E SURVEY IPLETED
		34G310	B. WING		01/28/2020	
NAME OF P	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GRO	OUP HOME		105 CHEROKEE TRAIL WILMINGTON, NC 28409		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
W 252	Continued From page	e 22	W 252			
	Review on 1/28/20 ret	evealed no documentation of #3's behavioral data.				
W 257	PROGRAM MONITC CFR(s): 483.440(f)(1		W 257			
	The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.					
	Based on record rev failed to revise 1 of 4 support program (BS	not met as evidenced by: iew and interview the facility audit clients (#3) behavior P) after episodes of sexually or continued to occur. The				
	bedroom was relocat	vise client #3's BSP after his ed and incidents of his e behavior continued to				
	5/27/19 revealed he l sexual misconduct, e invading the persona interventions included	f client #3's BSP dated has target behaviors of lopement, aggression and I space of others. The d the use of a door alarm, and removing him from the vs this behavior.				
		ated 8/1/19 revealed he re range of intellectual				

Facility ID: 944598

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	2: 02/04/2020 APPROVED 0: 0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	-	(X3) DATE COMP	SURVEY
		34G310	B. WING		_	01/:	28/2020
NAME OF P	ROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, S	TATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GRO	OUP HOME		105 CHEROKEE TRAIL WILMINGTON, NC 284	09		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 257	inappropriate sexual to the IPP revealed, "he sexually inappropriate #1, #5's names]. Stat whereabouts of [client alarm on his door. St alarm and remove him displays this target be Review on 1/28/20 of January 2020 reveale behaviors. Review on 1/27/20 of revealed an entry date staff found clients #1 together. Client #5 was Interview on 1/27/20 of there was an issue wit to cover the areas of to kitchen, living room, of hallway. Further inter a long history of makin his peers. Additional witnessed a dozen into with client #3 targeting Additional interviews w #3 took advantage of laundry room and kito clients. Staff E stated less than 5 minutes hi hand, lead them to the them. Staff E further immediately see client for them in the bathro	behavior. Further review of has a history of displaying e behavior targeting [clients ff should know the t #3] at all times. He has an taff should respond to the n from the area when he ehavior. This behavioral data for ed no incidents of target the staff communication log ed 1/18/20 which revealed and #3 in the bathroom. as naked. with staff E revealed he felt ith not having sufficient staff the facility which included: dining room and back rview revealed client #3 has ng sexual advances towards interview revealed he had cidents during the past year g clients #1 and #5. with staff E revealed client staff being busy in the chen to approach other d client #3 was quick and in e could take clients by the e bathroom and disrobe	W 257				

Facility ID: 944598

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		ID HUMAN SERVICES MEDICAID SERVICES					FORM): 02/04/2020 APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE	
		34G310	B. WING			_	01/	28/2020
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, ST	ATE, ZIP CODE	-	
LIFE, INC	CHEROKEE TRAIL GRO	OUP HOME			5 CHEROKEE TRAIL	•		
				w	ILMINGTON, NC 2840	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 257	Continued From page	24	W 2	57				
	been reporting these He stated less than a assisting with dinner w was not in the commo found him naked in th Staff E stated he did r sexual took place. Interview on 1/27/20 w could not keep up with he has seen client #3 towards clients #1 and revealed until Decemi shared a bedroom. S bedroom was nearby to go into their bedroo and #5's clothing. He able to defend themse were never any conse inappropriate behavio Interview on 1/28/20 w was overwhelmed try the only staff on third stated on the morning	with staff D revealed he h the number of times that make sexual advances d #5. Further interview ber 2019 clients #1 and #5 staff D stated that client #3's and he had been witnessed om and remove clients #1 e stated neither client was elves. Staff D stated there equences for client #3's						
	before she could follo bathroom, she discov bathroom with client # his pants down and cl Interview on 1/27/20 v disabilities profession not aware of the comm	 45. She stated client #5 had 45. She stated client #5 had 46. Note: the state of t						

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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· ,	CONSTRUCTION		(X3) DATE SURVEY		
ND PLAN OI	ND FLAN OF CORRECTION IDENTIFICATION NO		A. BUILDING		COMPLETED		
		34G310	B. WING		0,	1/28/2020	
NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE			
LIFE, INC	CHEROKEE TRAIL GR	OUP HOME		05 CHEROKEE TRAIL VILMINGTON, NC 28409			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 257	constant supervision stated he was to be times unless he was required 30 minute of the door alarm shoul it is operational. Add client #3's bedroom December 2019 to g supervision of him. Subsequent interview increased client #3's 1/27/20 on second s the surveyors that in inappropriate behavion The QIDP also state incident that occurre Subsequent interview revised client #3's B supervision prior to of The interdisciplinary revising client #3's B exhibit episodes of in targeting clients #1 a client #3's BSP resu consistently provide PHARMACY SERVI CFR(s): 483.460(i) The facility must pro for the provision of re and biologicals to its biologicals may be of	a for client #3 required, she in staff's supervision at all in his room and then he checks. She acknowledged ld be checked daily to ensure ditional interview revealed had been relocated in give staff better visual we revealed the facility had elevel of supervision on hift when they were told by cidents of client #3 's for had continued to occur. d she was unaware of the d on 1/28/20 at 5:15am. we revealed the team had not SP to increase his level of 1/27/20. team did not consider SSP after he continued to nappropriate sexual behavior and #5. This failure to revise lted in the facility's failure to active treatment to client #3. CES vide or make arrangements outine and emergency drugs o clients. Drugs and ubtained from community or s or the facility may maintain	W 257				

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB N	O. 0938-039		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	()	(X2) MULTIPLE CONSTRUCTION A. BUILDING				
		34G310	B. WING		0.	1/28/2020		
NAME OF F	ROVIDER OR SUPPLIER	•	s	TREET ADDRESS, CITY, STATE, ZIP CODE				
LIFE, INC CHEROKEE TRAIL GROUP HOME				105 CHEROKEE TRAIL WILMINGTON, NC 28409				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE		
W 361	 This STANDARD is a Based on record revinterviews with staff the Lactulose for 1 of 4 a alternate pharmacy in medication had been. The finding is: Management staff fait to obtain Lactulose as physician. During medication parts at 7:45am staff A ask medication room. Staff A staff a staff and been ordered but clied doses. Further interving had been conthad not been delivered Review on 1/28/20 of orders dated 12/18/11 10 grams/15 ml. Give daily. 	hot met as evidenced by: iew and confirmed by he facility failed to obtain udit clients (#1) from an h a timely manner after this prescribed by his physician. led to make arrangements is prescribed by client #1's ass observations on 1/28/20 ed client #1 to come to the aff A went over audit client stated that he was out of ated that the medication had int #1 had missed several riew confirmed the facility acted but the medication ed as of 1/28/20 at 7:45am. audit client #1's physician 9 revealed, "Lactulose 2 tablespoons (30 ml) twice at the the medication (MAR) for client #1 revealed llowing doses: m 5 client #1's nursing 8/29 revealed he had	W 361					

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	RS FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SU	938-039
	F CORRECTION	IDENTIFICATION NUMBER:		A. BUILDING		
		34G310	B. WING		01/28/	2020
NAME OF PROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE			
LIFE, INC CHEROKEE TRAIL GROUP HOME				5 CHEROKEE TRAIL ILMINGTON, NC 28409		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE C	(X5) COMPLETIO DATE
W 361	15	e 27 steoporosis, Chronic	W 361			
	Constipation and Mo	od Disorder.				
	phone revealed she client #1's Lactulose not aware that staff h medication as of 1/28 the facility Nurse con have a back up phar	8/20. Further interview with firmed the facility did not				
W 368			W 368			
		administration must assure ninistered in compliance with s.				
	Based on record rev system for drug adm drugs and suppleme	not met as evidenced by: view and interview, the inistration failed to assure all nts were administered in sician's orders for 2 of 4 audit findings are:				
	1/28/20 at 7:45am st to the medication roo client #1's medication of Lactulose. Staff A had been ordered bu several doses. Furth facility Nurse had be	a pass observations on aff A asked client #1 to come om. Staff A went over audit ns and stated that he was out stated that the medication it that client #1 had missed her interview confirmed the en contacted but the been delivered as of 1/28/20				

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		MEDICAID SERVICES				D. 0938-039
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		· · ·	E SURVEY PLETED
		34G310	B. WING		01	/28/2020
NAME OF F	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC CHEROKEE TRAIL GROUP HOME				05 CHEROKEE TRAIL VILMINGTON, NC 28409		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE
W 368	Review on 1/28/20 of orders dated 12/18/19 10grams/15 ml. Give daily. Review on 1/28/20 of administration record he had missed the fol 1/26/20: 8am and 8pr 1/27/20: 8am and 8pr 1/27/20: 8am and 8pr 1/28/20: 8am Review on 1/28/20 of evaluation dated 2/13 diagnoses of Cerebra Intellectual Disability, History of Asthma, Os Constipation and Mod Interview on 1/28/20 of phone revealed she h client #1's Lactulose I not aware that staff h. medication as of 1/28 B. Client #4's prescrit receiving a dietary su During observations of 8:00am revealed clien serving cereal, two m was not offered a dief Review on 1/28/20 of evaluation dated 9/20 regular diet with supp	 audit client #1's physician Prevealed, "Lactulose 2 tablespoons (30 ml) twice The medication (MAR) for client #1 revealed llowing doses: m client #1's nursing 29 revealed he had Palsy, Profound History of Seizure Disorder, steoporosis, Chronic bd Disorder. with the facility Nurse via had been made aware that had been ordered but was ad not received his b/20. bed diet which included pplement was not followed. bo breakfast on 1/28/20 at ht #4 assisted himself in huffins, juice and milk. He tary supplement. 	W 368			

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED			
	34G310	B. WING		01/28/202			
ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODI				
LIFE, INC CHEROKEE TRAIL GROUP HOME			105 CHEROKEE TRAIL WILMINGTON, NC 28409				
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPL			
Continued From page	e 29	W 36	8				
that he is 73 inches in	n height. His current weight						
12/18/19 revealed cli regular diet with seco sized pieces. Provide	ent #4 was prescribed a onds and food cut into bite e Ensure or Boost as a						
disabilities profession #4's diet order is curr EVACUATION DRILL	nal (QIDP) revealed client ent and should be followed. S	W 44	D				
The facility must hold	evacuation drills at least						
Based on record rev the staff failed to carr quarterly on each shi	iew and interviews with staff, y out fire drills at least ft. This affected all clients in						
Staff failed to vary the times of fire drills specifically on third shift.							
8/31/19: 6:45am 9/10/19: 6:52am 12/13/19: 6:42am							
	SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page a desired weight range that he is 73 inches in was listed as 138 poor Review on 1/28/20 of 12/18/19 revealed cli regular diet with secc sized pieces. Provide supplement twice dai Interview on 1/28/20 disabilities profession #4's diet order is curr EVACUATION DRILL CFR(s): 483.470(i)(1) The facility must hold quarterly for each shi the facility. The findin Staff failed to carr quarterly on each shi the facility. The findin Staff failed to vary the specifically on third s Review on 1/27/20 of during the year on thi following: 8/31/19: 6:45am 9/10/19: 6:52am	CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: 34G310 ROVIDER OR SUPPLIER CHEROKEE TRAIL GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 29 a desired weight range of 150-180 pounds and that he is 73 inches in height. His current weight was listed as 138 pounds. Review on 1/28/20 of his physician orders dated 12/18/19 revealed client #4 was prescribed a regular diet with seconds and food cut into bite sized pieces. Provide Ensure or Boost as a supplement twice daily. Interview on 1/28/20 with the qualified intellectual disabilities professional (QIDP) revealed client #4's diet order is current and should be followed. EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interviews with staff, the staff failed to carry out fire drills at least quarterly on each shift. This affected all clients in the facility. The finding is: Staff failed to vary the times of fire drills specifically on third shift. Review on 1/27/20 of the fire drills completed during the year on third shift revealed the following: 8/31/19: 6:45am 9/10/19: 6:52am	IDENTIFICATION NUMBER: A. BUILDING 34G310 B. WING	CORRECTION IDENTIFICATION NUMBER: A. BUILDING 34G310 B. WING CONDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODI CHEROKEE TRAIL GROUP HOME ISTREET ADDRESS, CITY, STATE, 2IP CODI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IP Continued From page 29 W 368 a desired weight range of 150-180 pounds and that he is 73 inches in height. His current weight was listed as 138 pounds. W 368 Review on 1/28/20 of his physician orders dated 12/18/19 revealed client #4 was prescribed a regular diet with seconds and food cut into bite sized pieces. Provide Ensure or Boost as a supplement twice daily. W 440 Interview on 1/28/20 with the qualified intellectual disabilities professional (QIDP) revealed client #4's diet order is current and should be followed. W 440 EVACUATION DRLLS W 440 CFR(s): 483.470(i)(1) This STANDARD is not met as evidenced by: Based on record review and interviews with staff, the staff failed to carry out fire drills at least quarterly on each shift. This affected all clients in the facility. The finding is: Staff failed to vary the times of fire drills specifically on third shift. Staff failed to vary the times of fire drills specifically on third shift. Review on 1/27/20 of the fire drills completed during the year on third shift. Staff failed to vary the times of fire drills specifically o			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 02/04/2020 APPROVED . 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G310	B. WING		_	01/	28/2020
NAME OF P	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
LIFE, INC	CHEROKEE TRAIL GRO	DUP HOME		105 CHEROKEE TRAIL WILMINGTON, NC 2840	09		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 440	(RM) revealed the clie Further interview reve only drills conducted year. Interview on 1/27/20 of disabilities profession have been conducted third shift and first shi be safely evacuated f	ents awake around 5:30am. ealed these fire drills are the on third shift during the past with the qualified intellectual al (QIDP) revealed fire drills I in the mornings between ft to ensure all clients could from the facility. Additional e direct staff is scheduled to	W 440				

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