

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

PRINTED: 02/04/2020  
FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/28/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC CHEROKEE TRAIL GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 CHEROKEE TRAIL WILMINGTON, NC 28409</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
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W 000	INITIAL COMMENTS  A complaint survey was completed on 1/28/2020. Deficiencies were cited as a result of the complaint survey for Intake #NC00159216. The complaint allegation regarding providing adequate supervision was substantiated.	W 000	<b>DHSR - Mental Health</b>  <b>FEB 24 2020</b>  <b>Lic. &amp; Cert. Section</b>	
W 122	CLIENT PROTECTIONS CFR(s): 483.420  The facility must ensure that specific client protections requirements are met.  This CONDITION is not met as evidenced by: The facility failed to: ensure clients were assisted with safeguarding their privacy during dressing (W130); implement written policies and procedures that prohibit neglect of clients	W 122	W 122 Through staff in-service training, increased manager oversight and camera observations the facility will ensure that all clients are assisted with safeguarding their privacy during dressing. Through additional in-service training for all staff and managers at Cherokee Trail, the facility will ensure that all LIFE, Inc. policies and procedures which prohibit neglect of clients are understood and implemented as written. Through additional in-service training of all DSP staff who work at Cherokee Trail, the facility will ensure that staff immediately report allegations of neglect to the QIDP or the Habilitation Coordinator. Through additional staff training to the Habilitation Coordinator and the QIDP, the facility will ensure that all allegations of neglect are thoroughly investigated by management staff. In-service training will be provided to all DSP staff and managers on 2-25-2020 by Kaye White, Director of Social Work and by Barbara Parker, Director of ICF/IDD. Items covered and staff signatures will appear on a LIFE, Inc. in-service form.  Management oversight will be documented by a listing of dates and times QIDP, HC or other corporate staff are present in the home when staff and consumers are present to monitor to ensure that clients are assisted with safeguarding their privacy during dressing. This monitoring will be documented a minimum of 3 times weekly by the QIDP, HC, nurse and/or Corporate staff. Camera observations will be documented on LIFE, Inc. camera report forms a minimum of 3 times weekly by the QIDP, HC and/or Corporate staff.	3-13-2020
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)  The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.	W 130		

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

*Barbara W Parker* **2-21-2020** *Dir of ICF/IDD*

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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W 130	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to provide privacy for 1 of 4 audit clients (#1) during his morning routine. The finding is:</p> <p>Staff did not provide for audit client #1's privacy during dressing.</p> <p>During observations in the facility on 1/28/20 at 5:55am staff F went to the hallway to redirect client #1 to his bedroom when she saw that he was wearing a shirt and an incontinence product. Staff F walked into client #1's bedroom to locate a pair of pants for him to wear. The bedroom door was open leaving him in full view. Staff F selected a pair of pants and began to dress client #1 while he was sitting on the bed. The door to the bedroom remained open while client #1 was being dressed. Staff F was the only staff working with 5 clients on third shift. At 5:55am, there were 3 clients awake ( #1, #3 and #5).</p> <p>Review on 1/28/20 of client #1's individual program plan (IPP) dated 4/3/19 revealed he needs reminders to knock and has a limited awareness of privacy.</p> <p>Interview on 1/28/20 with the qualified intellectual disabilities professional (QIDP) revealed staff should assist client #1 with shutting doors when he is dressing due to his limited awareness of privacy.</p>	W 130	<p>W 130</p> <p>The facility will ensure privacy during treatment and personal care needs for all clients in the home. All staff will be re-inserviced on 2-25-2020 by Kaye White, Director of Social Work and Barbara Parker, Director of ICD/IID Services. This in-service will be documented on LIFE, Inc. in-service form.</p> <p>Management oversight to ensure privacy during treatment and personal care will be documented a minimum of 3 times weekly by facility managers and/or corporate staff and will be documented on LIFE, Inc. QA/QI forms.</p> <p>Camera observations to ensure privacy during treatment and personal care will be documented on LIFE, Inc. camera report forms a minimum of 3 times weekly by facility managers and/or corporate staff.</p>	3-13-2020
W 149	<p>STAFF TREATMENT OF CLIENTS</p> <p>CFR(s): 483.420(d)(1)</p> <p>The facility must develop and implement written policies and procedures that prohibit</p>	W 149		

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W 149	<p>Continued From page 2 mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to assure it's policies and procedures that prohibit neglect were implemented to prevent the neglect of 3 of 4 audit clients (#1, #3, #5). The finding is:</p> <p>Staff failed to ensure client #3 was adequately supervised to prevent him from invading the privacy of clients #1 and #5.</p> <p>Observations on 1/27/20 in the facility from 3:40-6:00pm revealed there were sensors at both the front and back doors of the facility. There was also a sensor above client #3's bedroom door off from the living room. When the bedroom door was opened, a clicking noise could be heard.</p> <p>Observation on 1/27/20 of client #3's door revealed the batteries on the door alarm needed to be replaced. Once the residential manager (RM) replaced the batteries, the door alarm began to chime loud enough so the sound could be detected at the back of the facility.</p> <p>Interview on 1/27/20 with the RM revealed the batteries on the door alarm needed to be replaced. After the RM replaced the batteries, the door alarm began to chime loud enough so the sound could be detected at the back of the facility. Further interview revealed she checks the batteries every week to see if they need to be replaced. Subsequent interview revealed that she did not remember what date the door alarm for client #3 was last checked.</p>	W 149	<p>W 149 The facility has written policies and procedures which prohibit mistreatment, neglect and abuse of clients in the facility. Staff will be re-inserviced on these policies and procedure which prohibit mistreatment, neglect and abuse of clients in the facility. Staff will be re-inserviced on these policies and procedures on 2-25-2020.</p> <p>The facility will ensure that all clients are adequately supervised to prevent anyone from invading personal space of other clients. Specifically, client #3 will be in the visual field of staff assigned to him at all times during waking hours to prevent him from invading the space of others.</p> <p>The sensors at the exit doors of the facility will be monitored by staff on 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> shifts daily, both at beginning and end of each shift to ensure they are working properly. The sensor above the bedroom door of client #3 will also be monitored by staff on 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> shifts daily, both at the beginning and end of shifts to ensure alarms/batteries for this alarm will always be present in the home. A check sheet indicating that all these items are checked at the beginning and end of each shift will be documented by staff on duty daily.</p> <p>Staff will be re-inserviced on supervision guidelines for client #3 on 2-25-2020 by Director of Social work and Director of ICF/ID. Staff will also be re-inserviced on reporting procedures for any incident of abuse, neglect or mistreatment of any client including the invading of any clients' personal space</p> <p>The management staff of the home are to read all entire in the communication book every time they enter the home and indicate this by placing their initials beside the entry.</p> <p>The second and third shift staff will complete health/safety checks of clients ever 15 minutes after clients have gone to bed and are to document these checks in Therap.</p> <p>Staff will also be re-inserviced on client #3's revised BSP on 2-27-2020 by Tonya Battle, Behavior Specialist, re: his increased level of supervision as well as the importance of documenting and occurrence of any target behaviors in Therap.</p>	3-13-2020
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W 149	<p>Continued From page 3</p> <p>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.</p> <p>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.</p> <p>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 when he noticed client #1 was not in the common area of the facility and found him naked in the bathroom with client #3. Staff E stated he did not think that anything sexual took place.</p> <p>Review on 1/27/20 of the staff communication log revealed an entry dated 1/18/20 which revealed staff found clients #1 and #3 in the bathroom together. Client #5 was naked.</p> <p>Interview on 1/27/20 with the RM revealed she was aware of the entry on 1/18/20 and had talked with staff E about this incident, however she did</p>	W 149	<p>The Habilitation Coordinator will be re-inserviced on the requirement to immediately report to QIDP any allegations of abuse, neglect or mistreatment. The QIDP will be in-serviced on when to immediately initiate an investigation. All allegations of abuse, neglect and mistreatment are to be documented using LIFE, Inc. form and in keeping with LIFE, Inc. policies and procedures. In-service will be documented on LIFE, Inc. in-service form. In-service will be provided by Director of Social Work and Director of ICF/IID.</p> <p>LIFE, Inc. feels that adequate staffing is in place to address behavioral needs of client #3 and all other consumers in the home. Staff will be re-inserviced on how to perform their job duties satisfactorily to ensure that behavioral needs of all clients are met. The staffing pattern of the home is 3-3-1, on 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> shift respectively. All staff will be re-inserviced on the importance of answering all questions honestly re: mistreatment, neglect and abuse of clients during Corporate Compliance interviews conducted twice yearly. Corporate Compliance interviews for all Cherokee Trail employees were completed in November 2019, and there were no allegations or rumors of allegations of abuse, neglect or mistreatment of clients reported at that time.</p> <p>Currently, there continues to be several staff vacancies that LIFE, Inc. is actively trying to fill. Recruitment efforts will continue. Overtime hours will be approved to ensure that ratios are adequate to meet the needs of the clients. With there presently being only 5 clients in the home, a ratio of 2-2-1 is acceptable until all vacancies can be filled.</p>	3-13-2020	

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W 149	<p>Continued From page 4</p> <p>not report it to the qualified intellectual disabilities professional (QIDP) .</p> <p>Interview on 1/27/20 with staff D revealed he could not keep up with the number of times that he has seen client #3 make sexual advances towards clients #1 and #5. Further interview revealed until December 2019 clients #1 and #5 shared a bedroom. Staff D stated that client #3's bedroom was nearby and he had been witnessed going into their bedroom and removing clients #1 and #5's clothing. He stated neither client was able to defend themselves. Staff D stated there were never any consequences for client #3's inappropriate behaviors.</p> <p>Interview on 1/28/20 with staff F revealed she was overwhelmed trying to supervise 5 clients as the only staff on third shift from 11pm-7am. She stated on the morning of 1/28/20 around 5:15am, before the surveyors arrived at the facility, she was taking client #3 to the bathroom. She stated before she could follow client #3 to the hallway bathroom, she discovered 3 in the bathroom with client #5. She stated client #5 had his pants down and client #3 was looking at him.</p> <p>Review on 1/27/20 of client #3's behavior support program (BSP) dated 5/27/19 revealed he has target behaviors of sexual misconduct, elopement, aggression and invading the personal space of others. The interventions included the use of a door alarm, constant supervision and removing him from the area when he displays this behavior.</p> <p>Review on 1/27/20 of client #3's individual program plan (IPP) dated 8/1/19 revealed he functions in the severe range of intellectual</p>	W 149			

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W 149	<p>Continued From page 5</p> <p>disability and client #3 has a history of displaying inappropriate sexual behavior. Further review of the IPP revealed, "he has a history of displaying sexually inappropriate behavior targeting [clients #1, #5's names]. Staff should know the whereabouts of [client #3] at all times. Has an alarm on his door. Staff should respond to the alarm and remove him from the area when he displays this target behavior.</p> <p>Additional interview on 1/28/20 with the QIDP revealed the team had not revised client #3's BSP to increase his level of supervision prior to 1/27/20.</p> <p>Review on 1/28/20 of the facility policy 1204:13 (d) revealed Neglect is the failure to provide goods or services necessary to avoid physical harm, mental anguish or mental illness.</p> <p>Subsequent interview on 1/27/20 with the QIDP revealed she was not aware of the communication log entry dated 1/18/20 about clients #1 and #3 being located in the bathroom together. When asked what constant supervision for client #3 required, she stated he was to be in staff's supervision at all times unless he was in his room and then he required 30 minute checks. She acknowledged the door alarm should be checked daily to ensure it is operational. Additional interview revealed client #3's bedroom had been relocated in December 2019 to give staff better visual supervision of him. Additional interview revealed the facility had increased client #3's level of supervision on 1/27/20 on second shift, when they were told by the surveyors that incidents of client #3 's inappropriate behavior had continued to occur. The QIDP also stated she was unaware of the incident that occurred on</p>	W 149			

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W 149	Continued From page 6 1/28/20 at 5:15am.	W 149		
W 153	<p><b>STAFF TREATMENT OF CLIENTS</b> CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews the facility failed to assure the administrator was notified immediately of an incident. This affected 3 of 4 audit clients (#1, #3, #5). The finding is:</p> <p>Staff failed to notify the administrator of incidents of client #3's inappropriate behavior towards client #1 and #5 so these incidents could be thoroughly investigated.</p> <p>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</p>	W 153	<p>W 153 The facility will ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown origin, are reported immediately to the QIDP, the Director of Social Work and to other officials in accordance with State law through established procedures.</p> <p>The Habilitation Coordinator will be re-inserviced by the Director of Social Work on the reporting process for allegations of abuse, neglect and mistreatment of clients.</p> <p>All staff will be re-inserviced on client #3's supervision guidelines as well as the consequences for not following them.</p> <p>The staff will also be re-inserviced on the importance of providing truthful answers during Corporate Compliance interviews conducted twice yearly and also re: the importance of documenting target behaviors in Therap, reporting allegations of abuse, neglect and mistreatment immediately to managers. Staff will also be reminded of Corporate Compliance hotline and email address for reporting any client concerns which they feel are not being addressed by managers. They will also be re-inserviced on how to file a complaint to an outside agency.</p> <p>All in-service training will be documented on LIFE, Inc. in-service form and signed by all staff.</p>	3-13-2020

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W 153	<p>Continued From page 7 witnessed a dozen incidents during the past year with client #3 targeting clients #1 and #5.</p> <p>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.</p> <p>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 when he noticed client #1 was not in the common area of the facility and found him naked in the bathroom with client #3. Staff E stated he did not think that anything sexual took place.</p> <p>Interview on 1/27/20 with staff D revealed he could not keep up with the number of times that he has seen client #3 make sexual advances towards clients #1 and #5. Further interview revealed until December 2019 clients #1 and #5 shared a bedroom. Staff D stated that client #3's bedroom was nearby and he had been witnessed to go into their bedroom and remove clients #1 and #5's clothing. He stated neither client was able to defend themselves. Staff D stated there were never any consequences for client #3's inappropriate behaviors. He stated he had reported these incidents to the residential manager.</p>	W 153		
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W 153	<p>Continued From page 8</p> <p>Interview on 1/28/20 with staff F revealed she was overwhelmed trying to supervise 5 clients as the only staff on third shift from 11pm-7am. She stated on the morning of 1/28/20 around 5:15am before the surveyors arrived at the facility, she was taking client #3 to the bathroom. She stated before she could follow client #3 that she discovered client #5 in the bathroom with client #3. She stated client #5 had his pants down and client #3 was looking at him.</p> <p>Review on 1/27/20 of the staff communication log revealed on 1/18/20 revealed staff found clients #1 and #3 in the bathroom, together. Client #5 was naked.</p> <p>Interview on 1/27/20 with the residential manager (RM) revealed she had been told of incidents of client #3's inappropriate behavior on 1/18/20 which was documented in the communication log. She stated she had not communicated this to the qualified intellectual disabilities professional (QIDP) to investigate. Further interview revealed she denied knowing of any additional incidents of client #3's inappropriate behavior towards clients #1 and #5. She however acknowledged staff F had communicated the incident that occurred on 1/28/20 at 5:15am involving clients #3 and #1 in the bathroom.</p> <p>Interview on 1/28/20 with the QIDP revealed she had not been told of any incidents of client #3's inappropriate behavior towards clients #1 and #5, specifically she was unaware of the incident in the communication log on 1/18/20 involving clients #1 and #3. The QIDP also stated she had not been told of the incident on 1/28/20 at 5:15am involving client #5 and #3. Further interview revealed all staff have been trained to report any incidents of</p>	W 153			

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NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC CHEROKEE TRAIL GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 CHEROKEE TRAIL WILMINGTON, NC 28409</b>		
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W 153	Continued From page 9 abuse, neglect or exploitation immediately to her so these incidents can be investigated.	W 153			
W 154	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>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:</p> <p>A. Management staff did not investigate allegations of exploitation by client #3 involving clients #1, #5.</p> <p>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.</p> <p>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</p>	W 154	<p>W 154 The facility will have evidence that all alleged violations are thoroughly investigated.</p> <p>All staff will re-inserviced on the supervision guidelines of all consumers and will be instructed to record client assignments daily in the communication log, which is to be read and initialed by managers every time they are in the home.</p> <p>All staff and managers will be re-inserviced on reporting procedures for allegations of abuse, neglect and mistreatment by Kaye White, Director of Social Work.</p> <p>Management will be re-inserviced by Kaye White, Director of Social Work on considering all sources of evidence when investigating possible neglect of consumers, including meeting with any clients who are interviewable.</p> <p>All re-inservices will be documented on LIFE, Inc. in-service form and signed by staff.</p>	3-13-2020	

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W 154	<p>Continued From page 10 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.</p> <p>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 when he noticed client #1 was not in the common area of the facility and found him naked in the bathroom with client #3. Staff E stated he did not think that anything sexual took place.</p> <p>Review on 1/27/20 of the staff communication log revealed an entry dated 1/18/20 which revealed staff found clients #1 and #3 in the bathroom together. Client #5 was naked.</p> <p>Interview on 1/27/20 with the residential manager (RM) revealed she was aware of the entry on 1/18/20 and had talked with staff E about this incident, however she did not report it to the qualified intellectual disabilities professional (QIDP).</p> <p>Interview on 1/27/20 with the QIDP revealed these allegations were not investigated.</p> <p>B. Management failed to consider all sources of evidence when investigating possible neglect of clients.</p> <p>Review on 1/27/20 of an investigation dated 10/2/19 revealed an allegation was made to the facility nurse that a former client had not been fed and changed after having several seizures. Statements were taken from staff B and the reporting staff. The client involved in the</p>	W 154		

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W 154	Continued From page 11 allegations was nonverbal and was not able to interviewed. The allegations were not substantiated.  Interview on 1/27/20 with staff B revealed the former client had multiple seizures in a very short time on 10/2/19 and was not alert. She stated she contacted the facility nurse who advised her to try to get him to consume Ensure when he was more alert. She stated she changed him and when he was more alert, she was able to give him 2 containers of Ensure. When asked if any of the clients had been interviewed, she stated she was uncertain.  Interview on 1/27/20 with the qualified intellectual disabilities professional (QIDP) revealed there are two clients that are interviewable in the facility. When asked if they were in the facility on that date, she confirmed they were. When asked if clients #3 and #2 were interviewed, she stated, "No."	W 154			
W 186	<b>DIRECT CARE STAFF</b> CFR(s): 483.430(d)(1-2)  The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.  Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.  This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to provided sufficient direct care staff to manage and supervise clients	W 186			

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W 186	<p>Continued From page 12</p> <p>appropriately in the areas of dining, self help skills and behavioral intervention. This affected 3 of 4 audit clients (#1, #3 and #5). The finding is:</p> <p>Staff failed to provide sufficient direct care staff to supervise client #3 as specified in his behavior support program ( BSP).</p> <p>Observations on 1/28/20 in the facility from 3:40-6:00pm revealed there were sensors at both the front and back doors of the facility. There was also a sensor above client #3's bedroom door off from the living room. When the bedroom door was opened, a clicking noise could be heard.</p> <p>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.</p> <p>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.</p> <p>Subsequent interview with staff E revealed he has been reporting these incidents to his manager.</p>	W 186	<p>W 186</p> <p>The facility will provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>The facility staffing ratios are felt to be sufficient is the staff are attentive to the clients and engaging them in active treatment activities. Clients have been divided into groups which would allow for supervision guidelines to be followed as specified in behavior support plans. Procedure have been put into place to ensure sensors at exit doors are working and that the bedroom door alarm is always in working order.</p> <p>The Habilitation Coordinator will be re-inserviced on reporting procedures to QIDP.</p> <p>LIFE, Inc. interview with staff F on 1-29-2020 supported by her written statement, indicates she could implement supervision guidelines for all clients and could complete 15 minute bed checks.</p> <p>All staff will be made aware during in-service on 2-25-2020 that supervision of clients is the number one priority. If a shift is not staffed at a 3-3-1 ratio because of staff vacancies, in all cases possible, hourly staff will be offered overtime to fill the vacant position or a manager may be expected to work the shift. At times, a 2-2-1 ratio will be acceptable</p> <p>LIFE, Inc. is making all efforts to fill open positions and will continue its recruitment efforts on an ongoing basis.</p> <p>A minimum of 3 times weekly, a manager will supervise/monitor in the home to ensure accordance with their plans. Documentation will be made on LIFE, Inc. QA/QI forms</p> <p>Camera observations will be made a minimum of 3 times weekly to ensure that the clients are supervised in accordance with their plan. These observations will be made by facility managers and/or Corporate Staff and will be documented on LIFE, Inc. camera report forms.</p>	3-13-2020	

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W 186	<p>Continued From page 13</p> <p>He stated less than a week ago he was busy assisting with dinner when he noticed client #1 was not in the common area of the facility and found him naked in the bathroom with client #3. Staff E stated he did not think that anything sexual took place.</p> <p>Review on 1/27/20 of the staff communication log revealed an entry dated 1/18/20 which revealed staff found clients #1 and #3 in the bathroom together. Client #5 was naked.</p> <p>Interview on 1/27/20 with the residential manager (RM) revealed she was aware of the entry on 1/18/20 and had talked with staff E about this incident, however she did not report it to the qualified intellectual disabilities professional (QIDP) .</p> <p>Interview on 1/27/20 with staff D revealed he could not keep up with the number of times that he has seen client #3 make sexual advances towards clients #1 and #5. Further interview revealed until December 2019 clients #1 and #5 shared a bedroom. Staff D stated that client #3's bedroom was nearby and he had been witnessed to go into their bedroom and remove clients #1 and #5's clothing. He stated neither client was able to defend themselves. Staff D stated there were never any consequences for client #3's inappropriate behaviors.</p> <p>Interview on 1/28/20 with staff F revealed she was overwhelmed trying to supervise 5 clients as the only staff on third shift from 11pm-7am. She stated on the morning of 1/28/20 around 5:15am before the surveyors arrived at the facility, she was taking client #3 to the bathroom. She stated before she could follow client #3 to the hallway</p>	W 186			

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W 186	<p>Continued From page 14 bathroom, she discovered client #3 in the bathroom with client #5. She stated client #5 had his pants down and client #3 was looking at him.</p> <p>Review on 1/27/20 of client #3's behavior support program (BSP) dated 5/27/19 revealed he has target behaviors of sexual misconduct, elopement, aggression and invading the personal space of others. The interventions included the use of a door alarm, constant supervision and removing him from the area when he displays this behavior.</p> <p>Review on 1/27/20 of client #3's individual program plan (IPP) dated 8/1/19 revealed he functions in the severe range of intellectual disability and client #3 has a history of displaying inappropriate sexual behavior. Further review of the IPP revealed, "he has a history of displaying sexually inappropriate behavior targeting [clients #1, #5's names]. Staff should know the whereabouts of [client #3] at all times. He has an alarm on his door. Staff should respond to the alarm and remove him from the area when he displays this target behavior.</p> <p>Interview on 1/28/20 with the qualified intellectual disabilities professional (QIDP) revealed the home is currently understaffed and has vacancies on several shifts. Further interview revealed all staff have been trained on client #3's BSP. Additional interview revealed the team has not considered an increase in staffing.</p>	W 186			
W 195	<p>ACTIVE TREATMENT SERVICES CFR(s): 483.440</p> <p>The facility must ensure that specific active treatment services requirements are met.</p>	W 195			

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W 195	Continued From page 15  This CONDITION is not met as evidenced by: The facility failed to assure: Staff failed to provide sufficient direct care staff to supervise client #3 as specified in his behavior support program (W186); each client received a continuous active treatment program, which included aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that was directed towards the acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible (W196); that supervision was provided consistently as indicated in 1 of 4 audit clients' individual program plan (W249), that data was collected as prescribed for client #3's behavior support program (W252) and the qualified intellectual disabilities professional (QIDP) revised as needed the behavior support program (BSP) as needed for 1 of 4 audit clients when it was determined it was not effective in addressing his behaviors (W257).  The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to the clients.	W 195	W 195 The facility will provide statutorily mandated active treatment service to all clients. The facility believes that sufficient direct care staff are in place to supervise all clients, including client #3 as specified in his behavior support plan. Additional in-service training will be provided to all staff in how to engage clients in active treatment activities throughout the day. Inservice of all staff will be held on 2-25-2020 and documented on LIFE, Inc. in-service form. Increased monitoring by managers as well as increased camera observations will further ensure ongoing compliance with this regulation, as specified in W186.	3-13-2020	
W 196	ACTIVE TREATMENT CFR(s): 483.440(a)(1)  Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this	W 196			



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W 196	Continued From page 16 subpart, that is directed toward:  (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status.  This STANDARD is not met as evidenced by: Based on observations, record review and interview, the team failed to assure that a continuous aggressive active treatment program was implemented for 1 of 4 audit clients (#3) which provided consistent implementation of the individual program plan (IPP) and interventions in the facility, which promoted client function with as much independence as possible and prevented regression of acquired skills. The findings include:  Staff failed to consistently implement client #3's behavior support program by failing to ensure his door sensor was working and he was consistently supervised. Cross reference W249.	W 196	W 196 The facility will ensure that a continuous aggressive active treatment program will be provided for all clients. Measures have been put into place to ensure door sensor is working properly and that client #3, and all clients in the home, are properly supervised (seeW249 and W149)	3-13-2020	
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.	W 249			

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W 249	<p>Continued From page 17</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the team failed to implement sufficient interventions to support the achievement of client #3's behavior support program (BSP). This affected 1 of 4 audit clients (#3). The finding is:</p> <p>Staff failed to consistently implement client #3's behavior support program by failing to ensure his door sensor was working and that he was consistently supervised.</p> <p>During observations at the facility on 1/27/20 from 3:30pm-6pm staff were noted to go in and out of client #3's bedroom which adjoined the living room. When staff opened client #3's bedroom door a clicking sound could faintly be detected from a sensor over his bedroom door. There were two direct care staff working with 5 clients.</p> <p>Interview on 1/27/20 with the residential manager (RM) revealed she checks the batteries every week to see if they need to be replaced. She did not remember what date the door alarm for client #3 was last checked.</p> <p>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.</p> <p>Additional interviews with staff E revealed client #3 took advantage of staff being busy in the laundry room and kitchen to approach other</p>	W 249	<p>W 249</p> <p>The facility will ensure the implementation of sufficient interventions to support the achievement of behavior support programs. Specifically, for client #3, the chime on the bedroom door will be checked at the beginning of each shift to ensure it is turned in and working properly. This will be documented on a LIFE, Inc. form. Additionally, the habilitation coordinator will ensure that a supply of batteries are always available in the home.</p> <p>All staff will be in-serviced on 2-25-2020 by the Director of Social Work and Director of ICF/IID to ensure that client assignments are noted in writing in the communication book at the beginning of each shift. Client #3 should always be in the visual field of staff assigned to him. If assigned staff must leave area for any reason, a conversation should occur between staff to transfer responsibility for supervision of client #3 to another staff member. Staff will also be in-serviced on how to keep assigned consumers meaningfully engaged with appropriate activities, leisure choices, household chores, etc.</p> <p>Reporting requirements will be reviewed by all staff and managers will be documented on in-service report. This will include requiring managers to read all entries in the communication log each time they enter the home and initial the page.</p> <p>After going to bed in the evening, health/safety checks will be completed every 15 minutes by staff. At no time should the 3<sup>rd</sup> shift staff be where the door alarm cannot be heard and the 3<sup>rd</sup> shift staff should never go outside the house during the shift. In-service will include review of all components of client #3 behavior support plan. This in-service will be held on 2-27-2020 by Tonya Battle, Behavior Specialist.</p> <p>All items included in in-service will be listed on the LIFE, Inc. in-service form and signed by staff.</p> <p>Additionally, a minimum of 3 QA/QI inspections will be conducted weekly by either facility managers or corporate staff. Findings re: implementation of behavior support plans will be documented on the QA/QI forms.</p> <p>Also, a minimum of 3 camera observations will be completed weekly by either facility managers or corporate staff. These will be documented on LIFE, Inc. Camera Observation report and will indicate if behavior support plans for clients were properly implemented as written.</p>	3-13-2020	

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W 249	<p>Continued From page 18</p> <p>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.</p> <p>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 when he noticed client #1 was not in the common area of the facility and found him naked in the bathroom with client #3. Staff E stated he did not think that anything sexual took place.</p> <p>Review on 1/27/20 of the staff communication log revealed an entry dated 1/18/20 which revealed staff found clients #1 and #3 in the bathroom together. Client #5 was naked.</p> <p>Interview on 1/27/20 with staff D revealed he could not keep up with the number of times that he has seen client #3 make sexual advances towards clients #1 and #5. Further interview revealed until December 2019 clients #1 and #5 shared a bedroom. Staff D stated that client #3's bedroom was nearby and he had been witnessed to go into their bedroom and remove clients #1 and #5's clothing. He stated neither client was able to defend themselves. Staff D stated there were never any consequences for client #3's inappropriate behaviors.</p> <p>Review on 1/27/20 of client #3's behavior support program (BSP) dated 5/27/19 revealed he has target behaviors of sexual misconduct,</p>	W 249			

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	<b>34G310</b>	B. WING _____	<b>01/28/2020</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)
W 249	<p>Continued From page 19 elopement, aggression and invading the personal space of others. The interventions included the use of a door alarm, constant supervision and removing him from the area when he displays this behavior.</p> <p>Review on 1/27/20 of client #3's individual program plan (IPP) dated 8/1/19 revealed he functions in the severe range of intellectual disability and client #3 has a history of displaying inappropriate sexual behavior. Further review of the IPP revealed, "he has a history of displaying sexually inappropriate behavior targeting [clients #1, #5's names]. Staff should know the whereabouts of [client #3] at all times. Has an alarm on his door. Staff should respond to the alarm and remove him from the area when he displays this target behavior."</p> <p>Closer observation of the door sensor on 1/27/20 revealed the batteries in the sensor needed to be replaced. The residential manager replaced the batteries and when the door was opened, the sensor could be detected from the back of the facility.</p> <p>Interview on 1/27/20 with the qualified intellectual disabilities professional (QIDP) revealed staff should be checking the batteries in the door sensor daily. Further interview revealed staff should consistently be aware of client #3's location as per his IPP and BSP. Additional interview confirmed client #3's supervision had previously required staff to check on client #3 every 30 minutes prior to 1/27/20 but that his supervision requirement had changed on 1/27/20 for staff to check on client #3's location every 15 minutes. She stated all staff had been inserviced on 1/27/20 of this change in supervision.</p>	W 249	

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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC CHEROKEE TRAIL GROUP HOME		105 CHEROKEE TRAIL WILMINGTON, NC 28409		
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W 249	Continued From page 20	W 249		
W 252	<p>Failure of the staff to closely monitor client #3 and provide consistent supervision to protect the other clients in the facility resulted in client #3's BSP not being implemented as written.</p> <p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all data relative to objective criteria specified in the Individual Program Plan (IPP) was documented in measurable terms. This affected 1 of 4 audit clients (#3). The finding is:</p> <p>Client #3's objective data was not collected as indicated for his behavior support program (BSP).</p> <p>a) Review on 1/28/20 of the data for client #3's behavior support program revealed no available data for his target behaviors in the month of January 2020.</p> <p>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</p>	W 252	<p>W 252 The facility will ensure that all data for behavior support plans will be collected as specified.</p> <p>Staff will be in-serviced on target behaviors and the importance of recording all data on target behaviors. Staff will also be in-serviced on monitoring their assigned clients as outlined and keeping them engaged/involved in meaningful activities during the shift.</p> <p>All in-service training will be documented on LIFE, Inc. in-service form and will be signed by all employees.</p>	3-13-2020

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W 252	<p>Continued From page 21 witnessed a dozen incidents during the past year with client #3 targeting clients #1 and #5.</p> <p>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.</p> <p>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 when he noticed client #1 was not in the common area of the facility and found him naked in the bathroom with client #3. Staff E stated he did not think that anything sexual took place.</p> <p>Review on 1/27/20 of the staff communication log revealed an entry dated 1/18/20 which revealed staff found clients #1 and #3 in the bathroom together. Client #5 was naked.</p> <p>b) Interview on 1/28/20 with staff F revealed she was overwhelmed trying to supervise 5 clients as the only staff on third shift from 11pm-7am. She stated on the morning of 1/28/20 around 5:15am, before the surveyors arrived at the facility, she was taking client #3 to the bathroom. She stated before she could follow client #3, that she discovered client #5 in the bathroom with client #3. She stated client #5 had his pants down and client #3 was looking at him.</p>	W 252		

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NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC CHEROKEE TRAIL GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 CHEROKEE TRAIL WILMINGTON, NC 28409</b>
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W 252	Continued From page 22	W 252		
W 257	<p>Review on 1/28/20 revealed no documentation of this incident in client #3's behavioral data.</p> <p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(1)(iii)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to revise 1 of 4 audit clients (#3) behavior support program (BSP) after episodes of sexually inappropriate behavior continued to occur. The finding is:</p> <p>The team failed to revise client #3's BSP after his bedroom was relocated and incidents of his sexually inappropriate behavior continued to occur.</p> <p>Review on 1/27/20 of client #3's BSP dated 5/27/19 revealed he has target behaviors of sexual misconduct, elopement, aggression and invading the personal space of others. The interventions included the use of a door alarm, constant supervision and removing him from the area when he displays this behavior.</p> <p>Review on 1/27/20 of client #3's individual program plan (IPP) dated 8/1/19 revealed he functions in the severe range of intellectual disability and client #3 has a history of displaying</p>	W 257	<p>W 257 The IPP will be reviewed at least monthly by the QIDP and revised as necessary if progress toward objectives is not realized after reasonable efforts have been made.</p> <p>As stated in W 252, staff will be in-serviced on behavior support plans and the importance of documenting all target behaviors.</p> <p>Managers and staff will be in-serviced on proper reporting techniques. Managers will also be required to read communication log every time they enter home and initial pages to indicate this review has taken place.</p> <p>As stated in W 249, inspections will be conducted a minimum of 3 times weekly by managers and/or corporate staff with documentation re: behavior support plans being recorded in LIFE, Inc. QA/QI plan.</p> <p>Also, a minimum of 3 camera observation reports will be completed weekly by managers and/or corporate staff and documented on camera report forms. This will include documentation re: implementation of Behavior Support Plans and recording data re: target behaviors.</p> <p>Both monitoring and camera report documentation will also include if supervision guidelines are being followed.</p>	3-13-2020

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W 257	<p>Continued From page 23 inappropriate sexual behavior. Further review of the IPP revealed, "he has a history of displaying sexually inappropriate behavior targeting [clients #1, #5's names]. Staff should know the whereabouts of [client #3] at all times. He has an alarm on his door. Staff should respond to the alarm and remove him from the area when he displays this target behavior.</p> <p>Review on 1/28/20 of his behavioral data for January 2020 revealed no incidents of target behaviors.</p> <p>Review on 1/27/20 of the staff communication log revealed an entry dated 1/18/20 which revealed staff found clients #1 and #3 in the bathroom together. Client #5 was naked.</p> <p>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.</p> <p>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.</p>	W 257			



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W 257	<p>Continued From page 24</p> <p>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 when he noticed client #1 was not in the common area of the facility and found him naked in the bathroom with client #3. Staff E stated he did not think that anything sexual took place.</p> <p>Interview on 1/27/20 with staff D revealed he could not keep up with the number of times that he has seen client #3 make sexual advances towards clients #1 and #5. Further interview revealed until December 2019 clients #1 and #5 shared a bedroom. Staff D stated that client #3's bedroom was nearby and he had been witnessed to go into their bedroom and remove clients #1 and #5's clothing. He stated neither client was able to defend themselves. Staff D stated there were never any consequences for client #3's inappropriate behaviors.</p> <p>Interview on 1/28/20 with staff F revealed she was overwhelmed trying to supervise 5 clients as the only staff on third shift from 11pm-7am. She stated on the morning of 1/28/20 around 5:15am before the surveyors arrived at the facility, she was taking client #3 to the bathroom. She stated before she could follow client #3 to the hallway bathroom, she discovered client #3 in the bathroom with client #5. She stated client #5 had his pants down and client #3 was looking at him.</p> <p>Interview on 1/27/20 with the qualified intellectual disabilities professional (QIDP) revealed she was not aware of the communication log entry dated 1/18/20 about clients #1 and #3 being located in the bathroom together. When asked what</p>	W 257			

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W 257	<p>Continued From page 25 constant supervision for client #3 required, she stated he was to be in staff's supervision at all times unless he was in his room and then he required 30 minute checks. She acknowledged the door alarm should be checked daily to ensure it is operational. Additional interview revealed client #3's bedroom had been relocated in December 2019 to give staff better visual supervision of him.</p> <p>Subsequent interview revealed the facility had increased client #3's level of supervision on 1/27/20 on second shift when they were told by the surveyors that incidents of client #3 's inappropriate behavior had continued to occur. The QIDP also stated she was unaware of the incident that occurred on 1/28/20 at 5:15am. Subsequent interview revealed the team had not revised client #3's BSP to increase his level of supervision prior to 1/27/20.</p> <p>The interdisciplinary team did not consider revising client #3's BSP after he continued to exhibit episodes of inappropriate sexual behavior targeting clients #1 and #5. This failure to revise client #3's BSP resulted in the facility's failure to consistently provide active treatment to client #3.</p>	W 257			
W 361	<p>PHARMACY SERVICES CFR(s): 483.460(i)</p> <p>The facility must provide or make arrangements for the provision of routine and emergency drugs and biologicals to its clients. Drugs and biologicals may be obtained from community or contract pharmacists or the facility may maintain a licensed pharmacy.</p>	W 361			

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W 361	<p>Continued From page 26</p> <p>This STANDARD is not met as evidenced by: Based on record review and confirmed by interviews with staff the facility failed to obtain Lactulose for 1 of 4 audit clients (#1) from an alternate pharmacy in a timely manner after this medication had been prescribed by his physician. The finding is:</p> <p>Management staff failed to make arrangements to obtain Lactulose as prescribed by client #1's physician.</p> <p>During medication pass observations on 1/28/20 at 7:45am staff A asked client #1 to come to the medication room. Staff A went over audit client #1's medications and stated that he was out of Lactulose. Staff A stated that the medication had been ordered but client #1 had missed several doses. Further interview confirmed the facility Nurse had been contacted but the medication had not been delivered as of 1/28/20 at 7:45am.</p> <p>Review on 1/28/20 of audit client #1's physician orders dated 12/18/19 revealed, "Lactulose 10grams/15 ml. Give 2 tablespoons (30 ml) twice daily.</p> <p>Review on 1/28/20 of the the medication administration record (MAR) for client #1 revealed he had missed the following doses:</p> <p>1/26/20: 8am and 8pm 1/27/20: 8am and 8pm 1/28/20: 8am</p> <p>Review on 1/28/20 of client #1's nursing evaluation dated 2/13/29 revealed he had diagnoses of Cerebral Palsy, Profound Intellectual Disability, History of Seizure Disorder,</p>	W 361	<p>W 361</p> <p>The facility will make arrangements for the provision of routine and emergency drugs and biologicals to its clients. A back-up pharmacy will be identified in order to remain in compliance with this regulation. This will be completed by Kim McIntyre, Co-Director of Medical Services and all information will be posted in the medication administration room at the facility.</p>	3-13-2020

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W 361	Continued From page 27 History of Asthma, Osteoporosis, Chronic Constipation and Mood Disorder.	W 361		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1)  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.  This STANDARD is not met as evidenced by: Based on record review and interview, the system for drug administration failed to assure all drugs and supplements were administered in compliance with physician's orders for 2 of 4 audit clients (#1, #4). The findings are:  A. During medication pass observations on 1/28/20 at 7:45am staff A asked client #1 to come to the medication room. Staff A went over audit client #1's medications and stated that he was out of Lactulose. Staff A stated that the medication had been ordered but that client #1 had missed several doses. Further interview confirmed the facility Nurse had been contacted but the medication had not been delivered as of 1/28/20 at 7:45am.	W 368		

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W 368	<p>Continued From page 28</p> <p>Review on 1/28/20 of audit client #1's physician orders dated 12/18/19 revealed, "Lactulose 10grams/15 ml. Give 2 tablespoons (30 ml) twice daily.</p> <p>Review on 1/28/20 of the medication administration record (MAR) for client #1 revealed he had missed the following doses:</p> <p>1/26/20: 8am and 8pm 1/27/20: 8am and 8pm 1/28/20: 8am</p> <p>Review on 1/28/20 of client #1's nursing evaluation dated 2/13/29 revealed he had diagnoses of Cerebral Palsy, Profound Intellectual Disability, History of Seizure Disorder, History of Asthma, Osteoporosis, Chronic Constipation and Mood Disorder.</p> <p>Interview on 1/28/20 with the facility Nurse via phone revealed she had been made aware that client #1's Lactulose had been ordered but was not aware that staff had not received his medication as of 1/28/20.</p> <p>B. Client #4's prescribed diet which included receiving a dietary supplement was not followed.</p> <p>During observations of breakfast on 1/28/20 at 8:00am revealed client #4 assisted himself in serving cereal, two muffins, juice and milk. He was not offered a dietary supplement.</p> <p>Review on 1/28/20 of client #4's nutrition evaluation dated 9/2019 revealed he receives a regular diet with supplemental Boost to assist with weight maintenance twice daily. Further review of his nutrition evaluation revealed he has</p>	W 368	<p>W 368</p> <p>The facility will ensure that all drugs are administered in compliance with physician's orders. This will be accomplished through the identification of a back-up pharmacy for Cherokee Trail. Kim McIntyre, Co-Director of Medical Services will arrange this and all information regarding the back-up pharmacy will be posted in the Medication Administration room at Cherokee Trail.</p> <p>If a client's diet order calls for a dietary supplement, it will be given as specified in physician's order and will be reflected in the diet order which is posted in the home. The facility managers will ensure ongoing compliance with this regulation through meal observations, either in person or via camera, a minimum of 3 times weekly. If observed in person, findings will be documented on LIFE, Inc. QA/QI forms. If observed via camera, a camera report form will be completed. All staff will also be in-serviced on current diet orders for all clients on 2-25-2020. This will be documented on LIFE, Inc. in-service form.</p>	3-13-2020	

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W 368	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.	W 368			
W 440	<b>EVACUATION DRILLS</b> 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 12/13/19: 6:42am  Interview on 1/28/20 with the residential manager	W 440	W 440 The QIDP will ensure that evacuation drills are held at least quarterly for each shift of personnel. Additionally, the times the drills are held for each shift of personnel will be varied. At least one time annually, the third shift must complete a full evacuation in the middle of the night. This is done during the month of August each year for all LIFE, Inc. facilities. The dates and times for drills for all shifts of personnel will be documented on the fire/disaster drill form. It will be reviewed by the QIDP in order to resolve any issues which occur during any drill.	3-13-2020	

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FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/28/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC CHEROKEE TRAIL GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 CHEROKEE TRAIL WILMINGTON, NC 28409</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
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W 440	<p>Continued From page 30</p> <p>(RM) revealed the clients awake around 5:30am. Further interview revealed these fire drills are the only drills conducted on third shift during the past year.</p> <p>Interview on 1/27/20 with the qualified intellectual disabilities professional (QIDP) revealed fire drills have been conducted in the mornings between third shift and first shift to ensure all clients could be safely evacuated from the facility. Additional interview revealed one direct staff is scheduled to work from 11pm until 7am.</p>	W 440		
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February 21, 2020

DHSR - Mental Health

FEB 24 2020

Lic. & Cert. Section

Lesa Williams  
ICD/IID Eastern Region Team Leader  
Mental Health Licensure and Certification  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, North Carolina 27699-2718

Re: Plan of Correction  
LIFE, Inc. /Cherokee Trail Group Home

Dear Ms. Williams:

Enclosed please find our written plan of correction for the recent survey at our Cherokee Trail Group Home.

If there are questions or if additional information is needed, please feel free to contact me.

Thank you for your continuing assistance to us in the operation of our facilities.

Sincerely,

A handwritten signature in black ink that reads "Barbara W. Parker". The signature is fluid and cursive, with a long horizontal stroke at the end.

Barbara W. Parker  
Director of ICF/IID Services

anw  
Enclosure

2609 Royall Avenue  
Goldsboro, North Carolina 27534-8615  
Phone: (919) 778-1900 Fax: (919) 778-1972



Commission on Accreditation  
of Rehabilitation Facilities

Website: [www.lifeincorporated.com](http://www.lifeincorporated.com)