

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

PRINTED: 06/22/2021  
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>06/22/2021</b>
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>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000			
W 263	<p>A recertification survey and complaint survey was completed 6/22/21 for Intake #NC00178424 and Intake #NC00178398. No deficiencies were cited for the complaint; However, deficiencies were cited as a result of the recertification.</p> <p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#3). The finding is:</p> <p>Review on 6/21/21 of client #3's Behavior Intervention Plan (BIP) dated 12/21/20, revised 4/15/21, revealed the objective, "Across all settings, [Client #3] will decrease disruptive behavior episodes to 2 or less per month for 8 consecutive months." The revised BIP included the use of an alarm on client #3's bedroom door and all exit doors of the home, and the use of a floor mat alarm while sleeping. Additional review of client #3's record revealed a consent dated 12/12/20 for the use of the bedroom door and exit door alarms. The consent did not include use of the floor mat alarm.</p> <p>Interview on 6/22/21 with the Qualified Intellectual Disabilities Professional (QIDP) II, QIDP I and</p>	W 263			

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

TITLE

(X6) DATE

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 263	Continued From page 1 Habilitation Coordinator revealed the facility was waiting to obtain consent for the use of the floor mat alarm once the current BIP consent expired. The QIDP II confirmed consent should have been obtained for the use of the floor mat alarm.	W 263			
W 289	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(4)  The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure the use of systematic interventions to manage clients inappropriate behaviors were incorporated into the client's individual program plan (IPP). This affected 1 of 3 audit clients (#4). The finding is:  Review on 6/21/21 of client #4's IPP dated 6/1/21 revealed objectives to soap his entire body, shave his beard, do his own laundry and vacuum all carpeted areas of the day program.  Additional review on 6/21/21 of client #4's record revealed a Behavior Intervention Plan (BIP) dated 6/1/21. The BIP included an objective to "reduce the number of defined behavior episodes to 15 or less per month for 6 consecutive months." Client #4's behavior objective and systematic interventions to manage his behavior were not incorporated into his IPP.	W 289			

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W 289	Continued From page 2  Interview on 6/22/21 with the Qualified Intellectual Disabilities Professional (QIDP) II, QIDP I and Habilitation Coordinator confirmed the behavior objective and interventions should have been incorporated into client #4's IPP.	W 289			