

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: 34G310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2021
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NAME OF PROVIDER OR SUPPLIER LIFE, INC CHEROKEE TRAIL GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 105 CHEROKEE TRAIL WILMINGTON, NC 28409
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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
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>PROGRAM MONITORING & CHANGE 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	<p>W 263 Facility will ensure all programs are conducted only with the informed written consent of the client or legal guardian. All restrictive plans will be reviewed to ensure proper consent on all components. Any missing consents will be obtained verbally with a written consent to follow. Team will ensure future compliance by ensuring all restrictive components are included in the consents when approved by guardian. Monitoring will occur monthly during chart reviews by QP, documented on QP checklist, and bi-annually during audit documented in Fid's App.</p> <p>DHSR - Mental Health</p> <p>Lic. & Cert. Section</p>	8-21-2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Susan P. Crocco
TITLE
Director of QIP
(X6) DATE
7-7-21

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	W 289 Facility will ensure systematic interventions to inappropriate client behavior and ensure this is included in the client's IPP. All plans will be reviewed by team to ensure all plans are included. Addendums will be completed for those found to be missing. All changes will be reviewed by team and shared with staff. Future compliance will include QP monitoring monthly via chart reviews, QP checklist monthly, and quarterly scheduled inspections and biannual audits documented in Fid's app.	8-21-2021	

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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			



July 2, 2021

Mr. Justin Foster, MPA, QIDP
Facility Survey Consultant I
Division of Health Service Regulation
Mental Health Licensure and Certification
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

DHSR - Mental Health

JUL 2 2021

Lic. & Cert. Section

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

Dear Mr. Foster,

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,

Susan P. Ayres
Director of ICF/IID Services

ART
Enclosure

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