PRINTED: 01/19/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		34G310	B. WING			01/1	; 3/2022
NAME OF PROVIDER OR SUPPLIER  LIFE, INC CHEROKEE TRAIL GROUP HOME				STREET ADDRESS, CITY 105 CHEROKEE TRAIL WILMINGTON, NC	L	, , ,	·
(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 ENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	TS	w o	00			
W 122	Intake #NC001839		W 1	22			
	Therefore the facili This CONDITION The facility failed t subjected to mistre (W127); and imple	is not met as evidenced by: o: ensure client are not eatment, neglect and abuse ment written policies and ohibit mistreatment, neglect					
W 127	resulted in the facil statutorily mandate to its clients.	ect of these systemic practices lity's failures to provide ed services of client protections CLIENTS RIGHTS )(5)	W 1	27			
	Therefore, the facilinot subjected to phe psychological abuse. This STANDARD Based on record reacility failed to ensing the home was not subject to the facility failed to the facility	nsure the rights of all clients. lity must ensure that clients are sysical, verbal, sexual or se or punishment. is not met as evidenced by: eviews and interviews, the sure 1 of 6 clients (#1) residing of subject to physical, verbal abuse or punishment. The					
	initiated 12/6/21 re #1 was displaying of making threats of h and using profanity	of the facility's investigation vealed that on 12/5/21, client continuous behaviors, including narm to himself and others, and calling staff derogatory					
LABORATOR'	Y DIRECTOR'S OR PROVII	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLI	E	(	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.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G310	B. WING			C / <b>13/2022</b>	
NAME OF PROVIDER OR SUPPLIER  LIFE, INC CHEROKEE TRAIL GROUP HOME				STREET ADDRESS, CITY, STATE, ZIF 105 CHEROKEE TRAIL WILMINGTON, NC 28409		11312022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 127	possible verbal abufrom employment of the investigation clients rights issue Staff A. Staff A recowas brought back to Review on 1/13/22 surveillance camer 12/5/21 revealed clithe home from the to say "I know you s**t at me." Client Staff A was then stam, I'm not a f**kin here and be disrestalking to you like that."  Review on 1/13/22 dated 12/8/21 reverbally aggressive threats of harm to stated that client #1 a "f***ing n***a." Stand walked back in client #1 threw som she said to her cow throw that at me lik client #1 stated, "Nidog." Staff A stated exact words but she you like it if I called don't f***ing talk to going to f***ing talk	s being investigated for use. Staff A was suspended on 12/6/21 until the conclusion. The facility substantiated a and improper conduct against eived a written warning and o work on 12/10/21.  of the facility's video a and audio recordings dated ient #1 and Staff A walking into carport. Staff A was observed didn't just f**king throw that #1 responded, "I kicked it." ated, "Like the dog you think I g animal. You want to sit up pectful, you don't want nobody nat, you won't talk to me like  of Staff A's written statement aled that client #1 was being you want to sit up pectful, you don't want nobody nat, you won't talk to me like  of Staff A's written statement aled that client #1 was being you sing profanity and making nimself and others. Staff A I flipped her off and called her taff A stated she turned around to the house and thought nething at her. Staff A stated yorkers "I know he didn't just e I was a f***ing dog" and o I kicked it at you, you f***ing d that was the last straw for she could not remember her e told client #1 "How would you a f***ing dog?" and "I you like that, and you're not	W 1	27			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		34G310	B. WING _		01	C / <b>13/2022</b>
NAME OF PROVIDER OR SUPPLIER  LIFE, INC CHEROKEE TRAIL GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CO 105 CHEROKEE TRAIL WILMINGTON, NC 28409		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 127	of ICF Services (Dinot terminate Staff employee and this QIDP II and Director for the facility for 8 previous issues, an re-direct the clients Director also reveaup to the incident, or acial slurs at the Ahome.  Review on 1/13/21 Rights Policy dated a section entitled P Being and Abuse P Abuse as "expression to be a section entitled P Being and Abuse P and I mitted to: verbacomments, profanitione of voice." In a rights violations and and documented wactions taken base review of the Const "Based on findings violation investigatinaction will be taken termination, as speapproved and/or acomplete the const to the facility was not 1/13/22 that an imminacility based on review of camera for the const to the const to the facility was not 1/13/22 that an imminacility based on review of camera for the facility based on review of camera for the const to the cons	ional II (QIDP II) and Director rector) revealed the facility did A as they feel she is a good was an isolated incident. The or revealed Staff A has worked years and has never had any id is always good to calm and in the home. The QIDP II and led that in the weeks leading client #1 had been making frican American staff in the  of the facility's Consumer 5/14, revised 6/4/20, revealed romotion of Consumer Well revention describes Emotional ing attitudes or behaviors that creates or can create age. Examples include but are all threats, demeaning ty and harsh/loud negative ddition, all alleged incidents of d crimes will be investigated ith appropriate corrective d on findings. Additional umer Rights Policy revealed during the alleged rights on, appropriate disciplinary	W 12	7		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G310	B. WING			C <b>13/2022</b>	
NAME OF PROVIDER OR SUPPLIER  LIFE, INC CHEROKEE TRAIL GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP COL 105 CHEROKEE TRAIL WILMINGTON, NC 28409	•	13/2022	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 127	Continued From pa	ge 3	W 1	27			
W 149	protection actions:  1. The accused starclient related interact 2. The team will expemployment opport no options are deer be terminated.  3. All staff will be rehours or prior to the After reviewing the by the facility on 1/1 the immediate jeops STAFF TREATMEN CFR(s): 483.420(d)  The facility must depolicies and proced mistreatment, negle This STANDARD is Based on record refacility neglected to procedures that proabuse were implement in the home (#1, #2 finding is:  Review on 1/13/22 initiated 12/6/21 review and using profanity names. Staff A was possible verbal abust from employment of the start	plan of protection developed 3/22, it was determined that ardy was removed. IT OF CLIENTS (1) velop and implement written	W 1	49			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		34G310	B. WING			01	C / <b>13/2022</b>	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRE	ESS, CITY, STATE, ZIP CODE	01	TIOILULL	
LIFE INC	C CHEROKEE TRAIL	GROUP HOME		105 CHEROKE	EE TRAIL			
Lii L, iiv	ONEROREE TRAIL	CROOL HOME		WILMINGTO	N, NC 28409			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH	OVIDER'S PLAN OF CORREC H CORRECTIVE ACTION SHO -REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 149	Continued From pa	•	W 1	19				
		and improper conduct against ved a written warning and was rk on 12/10/21.						
	surveillance camera revealed client #1 a home from the carp say "I know you did me." Client #1 resp was then observed think I am, I'm not a up here and be disr	of the facility's video a and audio recordings and Staff A walking into the bort. Staff A was observed to n't just f***ing throw that s**t at bonded, "I kicked it." Staff A to state, "Like the dog you a f***ing animal. You want to sit respectful, you don't want bu like that, you won't talk to						
	dated 12/8/21 reveal verbally aggressive threats of harm to his stated that client #1 a "f***ing n***a." Stand walked back in client #1 threw some she said to her cowel throw that at me like client #1 stated, "Not dog." Staff A stated her. Staff A stated her. Staff A stated exact words but she you like it if I called don't f**king talk to going to f**king talk to going to f**king talk Review on 1/13/21 Rights Policy dated	of Staff A's written statement aled that client #1 was being , using profanity and making nimself and others. Staff A flipped her off and called her aff A stated she turned around to the house and thought ething at her. Staff A stated orkers "I know he didn't just a I was a f***ing dog" and I kicked it at you, you f**king I that was the last straw for she could not remember her a told client #1 "How would you a f***ing dog?" and "I you like that, and you're not to me like that."  of the facility's Consumer 5/14, revised 6/4/20, revealed romotion of Consumer Well						
	Being and Abuse P	romotion of Consumer Well revention describes Emotional ng attitudes or behaviors						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING	` '	TE SURVEY MPLETED
34G310		B. WING		01	C / <b>13/2022</b>	
NAME OF PROVIDER OR SUPPLIER  LIFE, INC CHEROKEE TRAIL GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP COL 105 CHEROKEE TRAIL WILMINGTON, NC 28409		113/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 149	psychological dama not limited to: verba comments, profanit tone of voice." In a rights violations and and documented wactions taken base who intentionally at consumer's proper misdemeanor. Add Consumer Rights Findings during the investigation, approbe taken, including specified in other padapted by the facility's Consumerlially result in Based on review of dated 12/9/21, review of the facility Staff A, who exhibit abuse against a clicontinue to work in living in the facility. Interview on 1/13/2 Disabilities Profess of ICF Services (Dinot terminate Staff employee and this	that creates or can create age. Examples include but are all threats, demeaning by and harsh/loud negative addition, all alleged incidents of a crimes will be investigated ith appropriate corrective and on findings. Any employee buses a consumer or exploits a by is guilty of a class 1 ditional review of the Policy revealed "Based on alleged rights violation opriate disciplinary action will possible termination, as olicies approved and/or	W 1	49		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			FIPLE CONSTRUCTION  NG	CON	(X3) DATE SURVEY COMPLETED			
34G310			B. WING			C / <b>13/2022</b>		
NAME OF PROVIDER OR SUPPLIER  LIFE, INC CHEROKEE TRAIL GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE  105 CHEROKEE TRAIL  WILMINGTON, NC 28409				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
W 149	for the facility for 8 previous issues, an re-direct the clients Director also reveal up to the incident, or racial slurs at the A home.  Further interview w revealed staff in the additional training a	years and has never had any led is always good to calm and in the home. The QIDP II and led that in the weeks leading client #1 had been making frican American staff in the lith the QIDP II and Director whome was provided and facility management all observations via video	W 1	49				