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

NAME OF PROVIDER OR SUPPLIER LIFE, INC CHEROKEE TRAIL GROUP HOME (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) IDENTIFICATION NUMBER: A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 105 CHEROKEE TRAIL WILMINGTON, NC 28409 PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE COMPLETED (X3) DATE SURVE COMPLETED (X3) DATE SURVE COMPLETED (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE) (X5) COMPLETED (X4) ID PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE) COMPLETED (X3) DATE SURVE COMPLETED (X4) DATE SURVE COMPLETED (X5) COMPLETED (X4) ID PROVIDER'S PLAN OF CORRECTION SHOULD BE COMPLETED (X5) COMPLETED (X5) COMPLETED (X5) COMPLETED (X5) COMPLETED (X5) COMPLETED (X5) COMPLETED (X6) COMPLETED (X7)	STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T 0/21		DMB NO. 0	1938-C
LIFE, INC CHEROKEE TRAIL GROUP HOME (X4) ID PREFIX FREEKY TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 000 INITIAL COMMENTS A complaint survey was completed on 1/13/22 for Intake #NC00183969. Deficiencies were cited. CLIENT PROTECTIONS CFR(s): 483.420(a) CFR(s): 483.420(a) The facility must ensure the rights of all clients. Therefore the facility might entire written policies and procedures that prohibit mistreatment, neglect and abuse of a client (W149). The cumulative effect of these systemic practices resulted in the facility failure to service of client protections to its clients. Therefore, the facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal and psychological abuse or punishment. The facility failed to ensure 1 of 6 clients (#1) residing in the home was not subjected to physical, verbal and psychological abuse or punishment. The finding is: STREETADDRESS, CITY, STATE, ZIP CODE 105 CHEROKEE TRAIL WILMINGTON, NC 28409 PREFIX TAG WILMINGTON, NC 28409 PRODECTIVE ACTION OF CORRECTION (EACH CORRECTION FOR ACTION SHOULD BE CROSS-REFERENCED TO HE APPROPRIATE 2-2-7-20 W 122 Facility will ensure the rights of all clients. Therefore the facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to mistreatment, neglect and advise of any form of abuse. Accused staff will be supported from all clients are not subjected to fine trace the rights of all clients. Therefore, the facility several subject of the several propertion on-client related interaction with the consumers are not subject of the sex systemic provide staff will be supported from all clients and ensure the rights of all clients. Therefore, the facility subject and proper follow up completed. Any incident investigations	AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	THE CONSTRUCTION	(X3) DATE S	SURVEY
LIFE, INC CHEROKEE TRAIL GROUP HOME LIFE, INC CHEROKEE TRAIL GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) A COMPIBIRITY STATEMENT OF DEFICIENCIES (EACH DEPICENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) NO 101 INITIAL COMMENTS A complaint survey was completed on 1/13/22 for Intake #NC00183969. Deficiencies were cited. CLIENT PROTECTIONS CFR(s): 483.420(a) The facility must ensure the rights of all clients. Therefore the facility must This CONDITION is not met as evidenced by. The facility failed to: ensure client are not subjected to mistreatment, neglect and abuse of a client (W149). The cumulative effect of these systemic practices resulted in the facility's failures to provide statutorily mandated services of client protections to its clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment. The finding is: STREET ADDRESS, CITY, STATE, ZIP CODE 106 CHEROK. WILLING THE 105 CARGON THE	NAME OF PROVINCE	34G310	B. WING		С	
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) W 000 INITIAL COMMENTS A complaint survey was completed on 1/13/22 for Intake #NC00183969. Deficiencies were cited. CLIENT PROTECTIONS CFR(s): 483.420(a) The facility must ensure the rights of all clients. Therefore the facility must ensure client are not subjected to mistreatment, neglect and abuse of a client (W149). The cumulative effect of these systemic practices resulted in the facility's failures to provide statutorily mandated services of client protections to its clients. The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal sand sons to subject and physical, verbal sand sons to subject and physical verbal sexual or psychological abuse or punishment. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 6 clients (#1) residing in the home was not subject to physical, verbal and psychological abuse or punishment. The finding is: Review on 1/13/22 of the facility's investigation initiated 12/6/21 revealed that on 12/5/21, client #1 was displaying continuous behaviors, including making threats of harm to hispocific to met and the company response to such allegations. All interaction will be reviewed by the down of the month. Additionally, this interaction will be reviewed as part of the monthly QA/QI random inspections that are completed by the Home Manager and		GROUP HOME		105 CHEROKEE TRAIL	01/13	/2022
W 000 INITIAL COMMENTS A complaint survey was completed on 1/13/22 for Intake #NC00183969. Deficiencies were cited. CLIENT PROTECTIONS CER(s): 483.420(a) The facility must ensure the rights of all clients. Therefore the facility must ensure the rolled and procedures that prohibit mistreatment, neglect and abuse (W127): and implement written policies and procedures that prohibit mistreatment, neglect and abuse (W127): and implement written policies and procedures that prohibit mistreatment, neglect and abuse of a client (W149). The facility failed to ensure client protections to its clients. The cumulative effect of these systemic practices resulted in the facility's failures to provide statutorily mandated services of client protections to its clients. The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, asxwal or psychological abuse or punishment. This STANDARD is not me ta se videnced by. Based on record reviews and interviews, the facility failed to ensure 1 of 6 clients (#1) residing in the home was not subject to physical, verbal and psychological abuse or punishment. The finding is: Review on 1/13/22 of the facility's investigation initiated 12/5/21 revealed that on 12/5/21, client #1 was displaying continuous behaviors, including making threats of harm to hisporic for the month. Additionally, this interaction will be reviewed as part of the month. Poly of the month and of the month. Additionally, this interaction will be reviewed as part of the month. Poly of the month and to the month. Additionally, this interaction will be reviewed as part of the month. Poly of the month and of the month. Additionally, this interaction will be reviewed as part of the month. Poly of the month and of the month. Additionally in the interaction will be reviewed as part of the month and of the month. Additionally in the interaction will be reviewed as part of the month poly of the month and of the month. Additionally in the intera		EMENT OF DEFICIENCIES				
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TORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	This CONDITION is rather facility failed to: esubjected to mistreath (W127); and implement procedures that prohibing and abuse of a client (The cumulative effect of resulted in the facility's statutorily mandated set to its clients. V 127 PROTECTION OF CLIENT CFR(s): 483.420(a)(5) The facility must ensured the facility must ensured the facility must ensured the facility must ensured the facility failed to physical psychological abuse or this STANDARD is not because of the facility failed to ensure 1 in the home was not subtained psychological abused finding is: Review on 1/13/22 of the initiated 12/6/21 revealed #1 was displaying continumaking threats of harm to and using profanity and continuation.	not met as evidenced by: ensure client are not nent, neglect and abuse nt written policies and bit mistreatment, neglect W149). of these systemic practices failures to provide ervices of client protections ENTS RIGHTS ethe rights of all clients. sust ensure that clients are al, verbal, sexual or punishment. met as evidenced by: //s and interviews, the of 6 clients (#1) residing pject to physical, verbal e or punishment. The etherical facility's investigation it that on 12/5/21, client uous behaviors, including to himself and others, alling staff derogatory	W 127 It is continuated to the continuated the continuated to the continuated	subjected to any form of abuse. Accustaff will be suspended from all client related interactions effectively immed. The team will explore non-client related employment opportunities within the company. If no options are deemed appropriate, her employment will be terminated. Additionally, all staff preset this date have received an updated inservice specific to client rights, abust and neglect and promotion of consume well being. Remaining staff will be re-trained within the next 48 hours or possible to clients Rights. LIFE, Inc will review the Clients Rights Promotion of Consumer Well Being. All staff members will receive updated raining on the Clients Rights Policy of consumer well being, which specifically defines abuse, how to screen applicant export incidents and the company responsions and the company responsion of consumer well being. All incidents will be noroughly investigated and proper followill be reviewed by the QA/QI team to necessary the companies of the composition of the composition of the composition while managers are in the cility as well as via camera at periodic mest throughout the month. Additionally is interaction will be reviewed as part of the month of the completed by the Home Managers to the completed by the Home Managers and the completed by the Home Manage	ately. ed int on eer rior and s, nse w ns	

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 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

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 5PBM11

Facility ID: 944598

If continuation sheet Page 1 of 7

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ND PLAN OF					FURM APPR
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	OMB NO. 0938
			A. BUILDIN	NG	(X3) DATE SURV COMPLETED
JAME OF PE	ROVIDER OR SUPPLIER	34G310	B. WING _		С
				STREET ADDRESS, CITY, STATE, ZIP CODE	01/13/202
IFE, INC	CHEROKEE TRAIL	GROUP HOME		105 CHEROKEE TRAIL	12
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES		WILMINGTON, NC 28409	
TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	111 (^3)
Result the to see see state a "f*" and verb threat state a "f*"	om employment or the investigation. ents rights issue a aff A. Staff A receipts brought back to eview on 1/13/22 of eveillance camera at 5/21 revealed client home from the casay "I know you did at me." Client #1 ff A was then state I'm not a f**king at and be disrespecting to you like that, " iew on 1/13/22 of Staff A was then state and be disrespecting to you like that, " iew on 1/13/22 of Staff A was then to hims at the client #1 flipts and that client #1 flipts and that client #1 flipts and the coworked that at me like I we #1 stated, "No I king Staff A stated that Staff A stated that Staff A stated that Staff A stated she could be staff A stated she complete the staff A stated she complete that at the staff A stated she complete that the staff A stated she complete the staff A stated she complete that the staff A stated she complete that the staff A stated she complete that the staff A stated she complete the staff A stated she complete that the staff A stated she complete the s	being investigated for se. Staff A was suspended in 12/6/21 until the conclusion. The facility substantiated a not improper conduct against ived a written warning and work on 12/10/21. If the facility's video and audio recordings dated int #1 and Staff A walking into import. Staff A was observed in the just f**king throw that responded, "I kicked it." ind, "Like the dog you think I animal. You want to sit up offul, you don't want nobody, you won't talk to me like. Staff A's written statement in that client #1 was being self and others. Staff A stated she turned around the house and thought ing at her. Staff A stated ers "I know he didn't just was a f***ing dog" and icked it at you, you f***ing the was the last straw for could not remember her in client #1."	th th	W 127 The facility will ensure the right clients by assuring they are no subjected to physical, verbal, spsychological abuse of punishr LIFE, Inc will review the Clients and Promotion of Consumer W Being. All staff members will reupdated training on the Clients Policy of LIFE, Inc. as well as Promotion of consumer well being which specifically defines abuse to screen applicants, report incident and the company response to sallegations. All incidents will be thoroughly investigated and proposition of the completed. Any incident provestigations will be reviewed by QA/QI team to ensure compliant of Staff/client interaction will be moduring weekly observations while nanagers are in the facility as we in camera at periodic times are monthly QA/QI random inspendent are completed by the Home lanager and QP three times more	ot sexual, ment. s Rights /ell ceive Rights ing, e, how dents such per nt by the ce. onitored e ell as

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STATEMEN	NT OF DEFICIENCIES	TWO SERVICES			OMP NO	APPRO
ND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		0938-0 E SURVEY
		34G310	B. WING			Э
IAME OF	PROVIDER OR SUPPLIER		J. WING		01/	13/2022
IFE, IN	C CHEROKEE TRAIL	GROUP HOME		STREET ADDRESS, CITY, STATE, ZI 105 CHEROKEE TRAIL	PCODE	
				WILMINGTON, NC 28409		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID			
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFI; TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE	(X5) COMPLETION DATE
F F F a E E A to to riç arrac ree "B Vice ac ter ap Th. 1/1 fac rev	Disabilities Profession of ICF Services (Diractor ICF Services ICF Services (Diractor ICF Services	conal II (QIDP II) and Director ector) revealed the facility did as they feel she is a good as an isolated incident. The revealed Staff A has worked ears and has never had any is always good to calm and in the home. The QIDP II and do that in the weeks leading ent #1 had been making can American staff in the the facility's Consumer Well vention of Consumer Well vention describes Emotional attitudes or behaviors at creates or can create enterest, demeaning and harsh/loud negative tion, all alleged incidents of imes will be investigated appropriate corrective in findings. Additional er Rights Policy revealed ing the alleged rights appropriate disciplinary eluding possible do in other policies ed by the facility. By the surveyor on ate jeopardy existed in the of staff statements, are and the facility bringing and the facility bringing.	W 1:	DEFICIENCY		

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(VO) MILL	TIDLE	OMB NO	D. 0938-0391
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION	(X3) DA	TE SURVEY
NAME OF		34G310	B. WING			С
	PROVIDER OR SUPPLIER C CHEROKEE TRAIL			STREET ADDRESS, CITY, STATE, ZIP COI 105 CHEROKEE TRAIL	DE 01	/13/2022
(X4) ID PREFIX TAG	(LACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	JOHN DE	(X5) COMPLETION DATE
W 127	Continued From pa	ge 3	W 12			
W 149 S C T p m T E fa pri alt in fin #1 ma and pos froi	1. The accused staf client related interact 2. The team will expemployment opportuno options are deem be terminated. 3. All staff will be resthours or prior to their After reviewing the play the facility on 1/13 he immediate jeopar STAFF TREATMENT CFR(s): 483.420(d)(1) The facility must develoicies and procedur nistreatment, neglect his STANDARD is not accedure that prohibits are the home (#1, #2, #1) and in the home (lan of protection developed 1/22, it was determined that rdy was removed. OF CLIENTS) elop and implement written es that prohibit or abuse of the client, not met as evidenced by: ews and interview, the issure its policies and bit emotional and verbal ted to protect 6 of 6 clients 3, #4, #5, and #6). The he facility's investigation ed that on 12/5/21, client inuous behaviors, including a to himself and others,	W 149			

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STATEMEN	NT OF DEFICIENCIES	(X1) BROWNER/OURS				MR N	O. 0938-039
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	V	(X3) D	ATE SURVEY OMPLETED
NAME OF		34G310	B. WING				С
	PROVIDER OR SUPPLIER		1	STREET ADDRESS,	CITY, STATE, ZIP CODE	0.	1/13/2022
.IFE, IN	C CHEROKEE TRAIL	GROUP HOME		105 CHEROKEE T	RAIL		
(X4) ID	SUMMARY STAT	EMENT OF DEFICIENCIES		WILMINGTON, N			
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CO	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD ERENCED TO THE APPROPE DEFICIENCY)	DE	(X5) COMPLETION DATE
For the second of the second o	Review on 1/12/22 of surveillance camera arevealed client #1 and home from the carpor say "I know you didn't me." Client #1 responsas then observed to think I am, I'm not a f'up here and be disres nobody talking to you me like that." Review on 1/13/22 of stated 12/8/21 revealed verbally aggressive, us hreats of harm to hims tated that client #1 flip "If**ing n***a." Staff, and walked back into the said to her cowork frow that at me like I vient #1 stated, "No I k og." Staff A stated the cact words but she toke the cact words but she toke to the interior of the said to her cowork frow that at me like I vient #1 stated, "No I k og." Staff A stated that cact words but she toke to the cact words but she toke to the said to her cact words but she toke the said to her cact words but she toke to the said to her cact words but she toke to the said to her cact words but she toke to the said to her cact words but she toke	and improper conduct against and a written warning and was a on 12/10/21. If the facility's video and audio recordings and Staff A walking into the art. Staff A was observed to a just f***ing throw that s**t at anded, "I kicked it." Staff A state, "Like the dog you it ing animal. You want to sit pectful, you don't want like that, you won't talk to staff A's written statement and that client #1 was being sing profanity and making self and others. Staff A stated her off and called her A stated she turned around he house and thought ing at her. Staff A stated ers "I know he didn't just was a f***ing dog" and icked it at you, you f**king it was the last straw for could not remember her diction did in the client #1 "How would a f***ing dog?" and "I like that, and you're not ne like that." The facility's Consumer of the consumer well attendess the services of the consumer well attendess th	W 14	mistreatment implemented consumers. L Clients Rights Consumer We recommendate be reviewed a deemed approteam. Manage inservice specific procedures to actions taken investigation, the with company regulations. Ar will be reviewed ensure compliant the investigation with the investigation with the investigation of the with the investigation of the will be reviewed ensure compliant the investigation of the will be reviewed ensure steps will be reviewed ensure compliant the investigation of the will be reviewed ensure compliant the investigation of the will be reviewed ensure compliant the investigation of the will be reviewed ensure compliant the will be reviewed ensured the wil	ill ensure that all pores that prohibit, neglect and abuse properly to protect a IFE, Inc will review and Promotion of ell Being. If any it is and Promotion of ell Being. If any include as a result of the as a result of the coensure compliance policy as well as Stany incident investigation as needed. Occur by the Directothe LIFE, Inc. Social occur. Managers well at and Promotion and Promotion of the properties and Promotion of the properties and Promotion of the promotion of th	are all the will ted eate tions of to sting or of	2-27-2022

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDERIGUES			FOR NO	M APPRO
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DA	O. 0938-0 TE SURVEY
		34G310			CO	MPLETED
VAME OF	PROVIDER OR SUPPLIER	1 040310	B. WING		04	C
	CHEROKEE TRAIL			STREET ADDRESS, CITY, STATE, ZIP (105 CHEROKEE TRAIL WILMINGTON, NC 28409	CODE	/13/2022
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL GC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE		(X5) COMPLETION DATE
The sugar and policy a	not limited to: verbal comments, profanity tone of voice." In additionally some of voice. In additional documented with actions taken based on the intentionally abustonsumer's property in isdemeanor. Additionally additionally additionally appropriate taken, including poperational dapted by the facility. The facility's Consumer employee that result tentially result in harms and on review of the feed 12/9/21, review of the facility was ff A, who exhibited entitionally additionally appropriate taken, including poperationally appropriate the facility in the facility. The facility was ff A, who exhibited entitionally appropriate the facility was ff A, who exhibited entitionally appropriate to work in direct graphs and the facility. The facility is consumer that the facility was ff A, who exhibited entitionally appropriate to work in direct graphs and the facility. The facility is consumer that the facility was ff A, who exhibited entitionally appropriate to work in direct graphs and the facility. The facility is consumer to the facility was ff A, who exhibited entitionally appropriate to work in direct graphs and the facility. The facility is consumer to the facility was ff A, who exhibited entitionally appropriate to work in direct graphs. The facility was a final propriate and this was a final propriate and the final propriate and t	that creates or can create ge. Examples include but are threats, demeaning and harsh/loud negative dition, all alleged incidents of crimes will be investigated appropriate corrective on findings. Any employee ses a consumer or exploits a significant great gr	W 14	DEFICIENCY)	ALL KOPRIATE	DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	LTIPLE CONSTRUCTION	OMB NO. 093	
		NONDEK.	A. BUILD	DING	(X3) DA	TE SURVE MPLETED
NAME OF I	PROVIDER OR SUPPLIER	34G310	B. WING		1	С
LIFE, INC	CHEROKEE TRAIL			STREET ADDRESS, CITY, STATE, ZIP CODE 105 CHEROKEE TRAIL	01/	/13/2022
(X4) ID PREFIX TAG	SUMMARY STAT (EACH DEFICIENCY I REGULATORY OR LS	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG			(X5) COMPLET
F reactors and	Pe-direct the clients in Director also revealed up to the incident, clie acial slurs at the Africome. Urther interview with the evealed staff in the hold ditional training and diditional training a	ars and has never had any is always good to calm and the home. The QIDP II and I that in the weeks leading nt #1 had been making an American staff in the	W 14	CROSS-REFERENCED TO THE APPR DEFICIENCY)	SOPRIATE	DATE