

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

PRINTED: 08/17/2022  
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>08/16/2022</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 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all staff were sufficiently trained the facility's COVID-19 policies and procedures regarding wearing masks. This potentially affected all clients in the home (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>During morning observations in the home on 8/16/22 from 6:30am - 8:40am, Staff C wore a cloth face mask over her mouth with her nose exposed. The staff continued to wear the cloth mask as described while interacting with clients in the home.</p> <p>Interview on 8/16/22 with Staff C revealed she was still in training and could not recall all training she had completed up to this point.</p> <p>Review on 8/16/22 of the facility's COVID-19 policy (updated April 2022) noted, "Any employee working directly with the individuals we serve (all</p>	W 340			

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 340	Continued From page 1 DSPs at all times and any employee in the same room as individuals we serve) will be required to wear Life, Inc. issued face coverings."	W 340			
W 352	<p>Interview on 8/16/22 with the Director of ICF Services confirmed all staff working directly with clients should wear disposable face masks issued by the company. Additional interview indicated the mask should cover the person's mouth and nose.</p> <p><b>COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</b> CFR(s): 483.460(f)(2)</p> <p>Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure each client received comprehensive dental services including periodic examinations at least annually. This affected 1 of 3 audit clients (#5). The finding is:</p> <p>Review on 8/15/22 of client #5's record revealed his last dental examination on 11/26/20. No current dental examinations could be located.</p> <p>Interview on 8/16/22 with the facility nurse revealed client #5 was unable to receive a cleaning on 11/26/20 and he was referred to a sedation dentistry. The facility nurse also confirmed client #5 has not had an appointment with a sedation dentist.</p> <p>Interview on 8/16/22 with the Director of ICF Services confirmed client #5 has not had a dental appointment since 11/26/20 and should be seen</p>	W 352			

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W 352	Continued From page 2 at least annually.	W 352			
W 460	<p><b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#5) received their specially-modified diet as indicated. The finding is:</p> <p>During observations at the day program on 8/15/22 at 11:52pm, client #5 was served 2 servings of chicken alfredo lasagna and 11 potato chips for lunch.</p> <p>Further observation in the home on 8/15/22 at 6:00pm, client #5 received 2 servings of scrambled eggs with ham, 1 serving of hash browns and a biscuit for dinner.</p> <p>During observations in the home on 8/16/22 at 7:12am, client #5 was served one boiled egg, 2 pieces of raisin toast and mixed fruit for breakfast.</p> <p>Review on 8/15/22 of client #5's annual nutritional evaluation dated 9/9/21 revealed client #5 should be given one quarter of his meal at a time to prevent eating too quickly and the potential of choking.</p> <p>Interview on 8/16/22 with Staff A revealed client #5 is supposed to only be served one quarter of</p>	W 460			

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W 460	Continued From page 3 his meal at a time due to him rapidly eating his meals.  Interview on 8/16/22 with the home manager (HM) confirmed client #5 is supposed to only be served one quarter of his meal at a time to prevent him from eating too quickly.	W 460			