| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G310 | A. BUILDING _____ B. WING _____ | 08/08/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **LIFE, INC CHEROKEE TRAIL GROUP HOME** | **105 CHEROKEE TRAIL WILMINGTON, NC 28409** |

| (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 240 | INDIVIDUAL PROGRAM PLAN<br>CFR(s): 483.440(c)(6)(i)<br><br>The individual program plan must describe relevant interventions to support the individual toward independence.<br>This STANDARD is not met as evidenced by:<br>Based on observations, record review and interviews, the facility failed to ensure client #3's Individual Program Plan (IPP) included specific information to support his independence in attending activities. This affected 1 of 3 audit clients. The finding is:<br><br>Observations on 8/7/23 at 10:00am revealed no clients residing in the home to be present at the day program.<br><br>Review on 8/7/23 of client #3's IPP, dated 7/14/23, revealed that he had newly moved to the home in June with diagnoses of Moderate ID, MAO-A gene, Brunner's Syndrome, Sensory Processing Disorder, ASD, Cataplexy, and REM Movement Disorder. The IPP stated client #3 would briefly pass out when overwhelmed due to Cataplexy, often ask for pacifier, and become physically aggressive if upset. In addition, the IPP stated client #3 was often non-compliant.<br><br>Review on 8/7/23 of client #3's Behavior Intervention Plan (BIP), dated 7/14/23, revealed target behaviors to include aggression, defiance, invading personal space, and tantrums. The BIP stated a goal for client #3 to decrease the frequency of defined targeted behavior episodes to 20 or less per month for 8 consecutive months.<br><br>Interview on 8/7/23 with the Qualified Intellectual Disabilities Professional (QIDP) at 10:30am revealed clients were late but may attend the day | W 240 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| W 240 | Continued From page 1<br>program by 11:00am. The QIDP stated client #3 was having behaviors refusing to get on the van while other clients waited. The QIDP stated client #3 often did not want to get on the van and resulted in either physical aggression or staff prompting for up to 30 minutes. At 11:15am, the QIDP stated a client had a toileting accident while loading on the van and had to be changed. The QIDP stated the home would not be attending the day program.<br><br>Interview on 8/8/23 with Staff A revealed all clients in the home had frequently missed attending the day program, scheduled daily during the week, due to client #3's behavior. Staff A stated the home attending day program depended on whether client #3 was having a good morning and would get on the van.<br><br>Interview on 8/8/23 with the home manager (HM) revealed all clients in the home had missed their day program days on average for two - three days per week due to client #3's behavior.<br><br>Interview on 8/8/23 with the QIDP revealed the home had not missed a lot of days. However, the QIDP acknowledged all clients in the home had missed days in the day program, or arrived late, due to client #3's behavior. When asked how the facility planned to ensure all clients attended day program activities when client #3 was in behavior or refused to get on the van, the QIDP stated the decision has been made to stay in the home. | W 240 | | |