STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G328	A. BUILDING _____ B. WING _____	02/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GAIL B HANKS GROUP HOME	5917 ROWAN WAY CHARLOTTE, NC 28214

(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 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: The facility failed to assure all drugs and biologicals were kept locked except when being prepared for administration as evidenced by observation and interview. The finding is: Medications were not kept locked. During observations of medication administration in the home on 2/5/19 at 6:40 AM, staff left the medication area to retrieve another client. During this time, the medication closet was left unlocked. Interview on 2/5/19 at 6:45 AM with the staff involved revealed they have been trained to ensure the medication closet remains locked before leaving the area. Interview on 2/5/19 with the Qualified Intellectual Disabilities Professional (QIDP) and the Home Manager confirmed medication technicians have been trained to ensure the medication closet is locked before leaving the area during medication administration.	W 382		
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases.	W 455		

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 455	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a sanitary environment was provided to avoid transmission of possible infection and prevent possible cross-contamination. While this immediately affected 2 sampled clients (#5 and #6) and 2 non-sampled clients (#2 and #4), it potentially affects all 6 clients residing in the home. The finding is: Precautions were not taken to promote client health and to prevent possible cross-contamination. Morning observations on 2/5/19 at 7:05 AM revealed staff entering the home's dining area wearing gloves and asking client #5 seated at the dining table if he was ready to clean the table. Further observations revealed the staff member involved obtaining cleaning wipes from a container and giving client #5 cleaning wipes and proceeding to touch client #2's place setting area and a napkin holder while wearing the same gloves. Continued observations revealed the staff member involved exiting the dining area to go to the home's laundry room area to assist client #4 with his laundry and to assist client #4 with putting his shoes on and proceeding back to the dining table area wearing the same gloves. Subsequent observations revealed the staff member involved talking with client #6 seated at the dining table, touching client #6's hair, asking client #6 about brushing her hair, then exiting the dining area to retrieve client #6's hairbrush and returning with client #6's hairbrush wearing the same gloves and afterwards was noted to remove her gloves at 7:20 AM.	W 455		

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W 455	Continued From page 2 Interview on 2/5/19 at 7:30 AM with staff involved revealed she should have initially removed her gloves before entering the dining area. Further interview revealed staff have been trained to remove gloves to prevent cross-contamination. Interview on 2/5/19 with the qualified intellectual disabilities professional (QIDP) and the home manager verified staff have been properly trained to wear gloves and trained to avoid and to prevent possible infection transmission and cross-contamination. Further interviews revealed the staff involved should have initially removed her gloves before entering the dining area.	W 455		