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 _____	02/12/2020

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 120	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3) The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, review of records and interviews the facility failed to ensure outside services providing day program activities met the safety needs of 1 of 3 sampled clients (#3) relative to implementing wheelchair safeguards. The finding is: Observation at the vocational program for client #3 on 2/11/20 at 1:05 PM revealed the client to have a toileting accident while sitting in his wheelchair. Continued observation revealed vocational staff to assist client #3 to enter a bathroom attached to the vocational classroom. Observation at 1:18 PM revealed client #3 to exit the bathroom area with staff and the lap belt of the wheelchair to be unfastened with both straps hanging off each side of the wheelchair. Client #3 was observed to sit in his wheelchair at a classroom table from 1:18 PM until 1:35 PM with the wheelchair lap belt unfastened until lead staff at the day program was interviewed by this surveyor. Review of records for client #3 on 2/12/20 revealed an individual support plan (ISP) dated 2/14/19. Further review of records for client #3 revealed a history of falls and adaptive equipment to include a gait belt, walker and wheelchair. Subsequent record review for client #3 revealed a physical therapy (PT) assessment dated 7/10/19. Review of the 7/2019 PT assessment noted an	W 120		

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 120	Continued From page 1 observation that the seatbelt was not properly on and adjustments were made. Interview with lead staff at the day program for client #3 on 2/11/20 verified the lap belt for client #3 should be fastened at all times when the client is in his wheelchair. Interview with the facility qualified intellectual disabilities professional on 2/12/20 verified client #3 has a history of falls and should always have the lap belt of his wheelchair fastened.	W 120		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the team failed to ensure the individual support plan (ISP) for 1 of 3 sampled clients (#4) included training to address needs relative to rate of eating. The finding is: Observation in the group home on 2/11/20 at 4:15 PM revealed client #4 to participate in the dinner meal that included shepherds pie, broccoli, tossed salad, a dinner roll and beverage choice. Continued observation of the dinner meal revealed client #4 to eat at a rapid pace and to take large bites of food. Staff B was observed to sit close to client #4 and closely monitor the client while providing ongoing hand over hand physical and verbal prompts to "slow down". Subsequent	W 227		

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W 227	Continued From page 2	W 227		

observation revealed staff B to offer additional verbal prompts to client #4 throughout the meal such as "put your fork down, please" and "take a drink".

Review of records for client #4 on 2/12/20 revealed an individual support plan (ISP) dated 11/8/19. Review of the 11/8/19 ISP revealed program objectives relative to laundry, making choices, setting the table, transitions and toileting. Review of a daily living skills assessment dated 11/6/19 revealed client #4 does not eat a reasonable rate. Review of a 2019 annual clinical review for client #4 revealed client #4 will often eat at a fast pace and use his fingers. Continued review of the 2019 clinical review revealed client #4 requires several prompts during mealtime to not overload his utensils, take a drink, and use napkins appropriately.

Interview with staff A on 2/11/20 revealed client #4 eats fast most of the time and requires monitoring to keep from eating all his food at one time in large bites. Interview with the qualified intellectual disabilities professional (QIDP) on 2/12/20 verified client #4 eats at a fast rate and has current assessments that reflect the need for staff support to ensure an appropriate rate of eating. Continued interview with the QIDP verified client #4 did not currently have a rate of eating program or past training to address the identified need. The QIDP further revealed the dietician was scheduled to assess client #4 on 2/11/20 and delayed the assessment due to the survey. Additionally, the QIDP verified a 4 month delay in addressing an identified need of client #4 relative to rate of eating.