

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

PRINTED: 02/20/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G328	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2020
NAME OF PROVIDER OR SUPPLIER GAIL B HANKS GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3)</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>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:</p> <p>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.</p> <p>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</p>	W 120	<p>W120 Services Provided with Outside Sources</p> <p>A training program on wheelchair safety will be developed for client # 3 and Lifespan staff will receive in-service training on implementation by March 9, 2020. ASMC QIDP will make observation to verify implementation of program monthly and review program documentation weekly.</p> <p>Completed by March 9, 2020</p> <p style="text-align: right;">DHSR - Mental Health MAR 3 2020 Lic. & Cert. Section</p>	

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.	W 120		
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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.</p> <p>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:</p> <p>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</p>	W 227	<p>W227 Individual Program Plan</p> <p>QIPD will conduct in-service training for staff on dining program for client # 4 by March 9, 2020. PC will observe dining at least weekly and QP will observe dining at least monthly to ensure program is run effectively.</p> <p>Completed by March 9, 2020</p>	

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W 227	<p>Continued From page 2</p> <p>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".</p> <p>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.</p> <p>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.</p>	W 227			