

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LINCS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6 BYAS LANE/180 BUCKEYE COVE ROAD SWANNANOVA, NC 28778</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on August 9, 2019. The complaint was substantiated (Intake # NC00151086 ). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G.5400 Day Activity for Individuals of all Disability Groups 10A NCAC 27G.5100 Community Respite Services for Individuals of all Disability Groups</p>	V 000		
V 106	<p><b>27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES</b></p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client; (11) client fee assessment and collection practices; (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests; (14) transportation, including the accessibility of emergency information for a client; (15) services of volunteers, including supervision and requirements for maintaining client confidentiality; (16) areas in which staff, including nonprofessional staff, receive training and continuing education;</p>	V 106		

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

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V 106	<p>Continued From page 1</p> <p>(17) safety precautions and requirements for facility areas including special client activity areas; and</p> <p>(18) client grievance policy, including procedures for review and disposition of client grievances.</p> <p>(b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to follow its written policies for maintaining client confidentiality. The findings are:</p> <p>Review on 8/9/19 of the facility's undated Confidentiality Statement for staff revealed: -Staff understood that they may have direct or indirect access to confidential information, including protected HIPPA information in the course of performing work; -Staff agreed to protect the confidential information to which they have access; -Staff understood that there are state and federal laws and regulations that ensure the confidentiality of an individual.</p> <p>Review on 8/9/19 of the facility's In-Service/Staff meeting minutes dated 3/26/19 revealed: -All cell phones should be put away and out of sight; -Cell phones can be a distraction that takes away from the quality of care of the individual; -Do not video chat at all while at work.</p> <p>Review on 8/8/19 of Client #3's record revealed: -Diagnoses included Personality Change due to</p>	V 106		

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V 106	<p>Continued From page 2</p> <p>Traumatic Brain Injury, Delusional Disorder, Closed Head Injury, Quadriplegia, Narcissistic Personality, Borderline Intellectual, Hypertensive Disorder Unspecified; -A signed written consent dated 10/23/18 from the legal guardian that gave the facility authorization to take and use photographs of Client #3 for the purpose of posting on the company's website.</p> <p>Review on 8/9/19 of Client #18's record revealed: -Diagnoses included Mood Disorder, Moderate Mental Retardation, Williams Syndrome, Spastic Paraparesis, Edema, Restless Legs Syndrome; -A signed written consent dated 1/17/19 from the legal guardian that gave the facility authorization to take and use photographs of Client #18 for the purpose of posting on the company's website.</p> <p>Review on 8/9/19 of Client #25's record revealed: -Diagnoses included Moderate Intellectual Developmental Disability, Anxiety Disorder Not Otherwise Specified, Bipolar Disorder Severe and Schizophrenia; -A signed written consent dated 11/18/18 from the legal guardian that gave the facility authorization to take and use photographs of Client #25 for the purpose of posting on the company's website.</p> <p>Review on 8/9/19 of Former Staff (FS) #1's personnel record revealed: -Date of hire 3/18/19; -Job title paraprofessional; -Signed confidentiality statement 3/7/19; -Terminated 6/13/19 for being absent from work without notice.</p> <p>Interview on 8/9/19 with Local Management Entity staff member revealed: -An anonymous complaint came into the call center regarding videos/photos of clients being</p>	V 106		

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V 106	<p>Continued From page 3</p> <p>posted on social media; -The complainant was able to identify two of the clients in the photos Client #3 and Client #18 but other clients were in the photos; -The complainant stated Client #18 was just standing in the photos and Client #3 was using a device to pick up cigarette butts.</p> <p>Interview on 8/8/19 with Client #3 revealed: -He stated staff might have taken random pictures.</p> <p>Interview on 8/9/19 with Client #18 revealed: -She stated some girl took a picture of her wearing makeup.</p> <p>Interview with the Qualified Professional (QP) #2 on 8/9/19 revealed: -FS #1 took photos of facility clients during the month of April 2019; -FS #1 shared the client photos on an unauthorized social media format that is time-limited for public view; -She stated she viewed the photos of the clients on the unauthorized social media on an unknown date; -Client #18 and Client #25 were included in the photos taken by FS #1; -She stated QP #1 met with FS #1 prior to FS#1 being terminated and discussed the unauthorized client photos; -She had not reported the unauthorized social media photos taken by FS #1 to her direct supervisor which was the Quality Management Staff, or to the Facility Director; -She doesn't know why FS #1 took the photos; -Staff are trained not to take photos.</p> <p>Telephone interview on 8/9/19 with QP #1</p>	V 106		

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V 106	Continued From page 4  revealed: -He stated he had no knowledge that FS #1 took and shared photos of facility clients on an unauthorized social media platform.  Interview on 8/9/19 with the Facility Director revealed: -FS #1 who worked as a public relations staff may have asked staff for photos to share with her to publish to the company's social media webpage; -She would not have authorized staff to use other social media formats for sharing client photos; -It was against written company policy for the paraprofessional staff to use their cell phones during work time.	V 106		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name;	V 118		

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V 118	<p>Continued From page 5</p> <p>(B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to keep current the client MARs for 1 of 3 audited clients (Client #42). The findings are:</p> <p>Review on 8/8/19 of Client #42's record revealed: -Diagnoses included Autism, Bipolar disorder, Mild Intellectual Disability, Generalized Anxiety Disorder; -7/3/18 physician order for lorazepam (Ativan) 1 milligram (mg) twice daily to treat anxiety.</p> <p>Review on 8/8/19 of Client #42's MAR for May through August 8, 2019 revealed: -On 5/2/19, 5/6/19, 5/13/19, 5/20/19, 6/17/19, 6/18/19, 6/19/19, 6/24/19, 7/3/19, 7/4/19, 7/8/19, 7/15/19, 7/22/19, 7/23/19, 7/29/19, and 8/5/19, an O was entered with no written explanation on the MAR which indicated the meaning of the letter O and the entries were not initialed by staff; -On 6/3/19, 6/10/19, and 7/1/19 the MAR did not indicate that lorazepam had been administered.</p> <p>Review 8/8/19 of Staff #6's record revealed: -Date of hire 4/21/17; -Job title: Teacher.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Interview on 8/9/19 with Staff #6 revealed:                      -The letter O stands for out;                      -Staff used to write the word out, but it got messy on the MAR;                      -The key on the back of the MAR does not use the letter O nor does it reference what O stands for;                      -She stated that she documents the letter O when a client is out instead of leaving the MAR blank;                      -If the MAR of Client #42 is blank on a Monday, staff know the client wasn't at the facility since Client #42 doesn't attend the day program on Mondays;                      -If there are other days that the MAR is blank, then direct staff and the Qualified Professionals (QP#1 and QP#2) review it and count medications and fill out an incident report.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medication as ordered by the physician.</p>	V 118		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS                      (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of</p>	V 367		



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V 367	<p>Continued From page 8</p> <p>Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ol> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report Level II incidents to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 8/8/19 of the facility's incident reports</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-On 7/1/19:               <ul style="list-style-type: none"> <li>-Client #44 became violent, threw objects and attacked staff;</li> <li>-Client #44 was placed in a therapeutic hold;</li> <li>- The facility documentation reports this as a Level 1 incident.</li> </ul> </li> <li>-On 7/24/19:               <ul style="list-style-type: none"> <li>-Client #44 repeatedly hit staff in the face while staff member was driving;</li> <li>-Client #44 kept pulling the car out of gear;</li> <li>-Client #44 threw baseball sized rocks at vehicles, hit windows of a car and the office building;</li> <li>-Client #44 assaulted staff with a stick;</li> <li>-Local Law Enforcement was called;</li> <li>- The facility documentation reports this as Level 1 incident.</li> </ul> </li> </ul> <p>Interview on 8/8/19 with the Qualified Professional (QP) #2 revealed:</p> <ul style="list-style-type: none"> <li>-QP#1 and QP#2 review all incident reports to ensure the reports are filled out correctly;</li> <li>-QP#1 and QP#2 are responsible for scanning the incident reports to the Quality Assurance team;</li> <li>-The Quality Assurance team reviews and determines the level of each incident report.</li> </ul>	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		

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V 736	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation of the facility on 8/9/19 at 9:30 am revealed:</p> <ul style="list-style-type: none"> <li>-The toilet basin in the female client bathroom had a brown ring stain;</li> <li>-The flooring in the female client bathroom was covered with black and brown colored debris and numerous stains;</li> <li>-The changing table in the female bathroom had a bare mattress with no sheets;</li> <li>-There were several gnats flying around the trash can in the female client bathroom;</li> <li>-The female client bathroom had a fluorescent bulb on the floor which was leaning against the wall;</li> <li>-The toilet in the male client bathroom was stained with numerous dark brown colored streaks and had a ring of brown stain on the basin;</li> <li>-The flooring of the male client bathroom was covered with black and brown debris with a thick layer around the toilet;</li> <li>-The sink in the male client bathroom had several gray stains on the basin.</li> </ul> <p>Interview on 8/9/19 with the Qualified Professional #2 (QP #2) revealed:</p> <ul style="list-style-type: none"> <li>-The mattress on the changing table in the female bathroom is wiped down between each client use;</li> <li>-The staff clean the bathroom at the end of each day;</li> <li>-The facility has hard water which causes the toilets to stain.</li> </ul>	V 736		