

PRINTED: 08/23/2021  
FORM APPROVED

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>08/04/2021</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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(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) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on August 4, 2021. The complaint was unsubstantiated (Intake #NC00178975). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5100 Community Respite Services for Individuals of all Disability Groups and 10A NCAC 27G. 5400 Day Activity for Individual of all Disability Groups.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112	<p><i>V112 10A NCAC 27G .0205 Assessment and Treatment/ Habilitation or Service Plan</i></p> <p><i>Measures that will be put in place to correct the following deficient area of practice.</i></p> <p><i>A. Supervisors, Director and/or QP, will revise Client #1 goals by adding an eating and drinking safety goal.</i></p> <p><i>B. Supervisors, Director and/or QP, will revise Client #1 goals by adding a refraining from ingesting inedible items goal.</i></p>	<p><i>9/30/21</i></p> <p><i>9/30/21</i></p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Brian Kim* TITLE *Director, RS* (X8) DATE *9/2/21*

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies to address client's needs affecting 1 of 3 audited clients (Client #1). The findings are:</p> <p>Review on 8/2/21 of Client #1's record revealed: -Date of Admission: 6/15/20. -Diagnoses: Severe Intellectual Developmental Disability;; Angelman Syndrome; Epilepsy, Autistic Disorder; Intermittent Explosive Disorder and Mood Disorder, Unspecified.</p> <p>Review on 8/4/21 of Client #1's medical records from a local hospital revealed: -Client #1 was admitted to the hospital from 6/28/21 through 7/8/21 for a small bowel obstruction related to foreign body ingestion of an unknown amount of rubber gloves.</p> <p>Review on 8/2/21 of Client #1's Treatment Plan revealed: -Strengths and Preferences: "[Client #1]will choke if he eats or drinks anything too fast. He has choked in the past because he does not chew his food correctly and has a limited attention span to eat safely. He will also gulp liquids to the point of immediate aspiration if staff does not intervene quickly. Therefore, he needs staff available continually to ensure he is able to accept nutrition safely." -There were no identified goals or strategies to address Client #1's issues with eating, or drinking</p>	V 112	<p><i>Measures that will be put in place to prevent the problem from occurring again.</i></p> <p><i>A. and B.</i></p> <p><i>Supervisors, Director and/or QP, will add goals based on client #1 plan regarding safety and health concerns and if approved by client #1 legal guardian.</i></p>	9/30/21

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STATE FORM 1007 (11/17)

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If continuation sheet 2 of 6

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V 112	<p>Continued From page 2</p> <p>too fast.</p> <p>-There no identified goals or strategies to prevent Client #1 from ingesting inedible items.</p> <p>Interview on 8/2/21 with Client #1 revealed: -Client #1 was non-verbal and could not answer interview questions.</p> <p>Interview on 8/2/21 with Staff #1 revealed: -She was aware Client #1 had ingested gloves. -She did not know details about the situation and stated, "I didn't ask, I usually don't ask questions, that's none of my business."</p> <p>Interview on 8/2/21 with Staff #2 revealed: -She knew Client #1 ate gloves. -She did not see Client #1 with gloves at the Day Program.</p> <p>Interview on 8/2/21 with the Qualified Professional (QP) revealed: -A Care Coordinator developed an annual treatment plan for each client. -The QP used information from the plan developed by the Care Coordinator to create client goals for the Day Program. -He stated, "I will look back to see how they (the clients) are doing for the past year and make goals. I will ask staff and let them know what I see. I usually go from that to make the plan." -He was aware Client #1 had been hospitalized for swallowing gloves. -Client #1's treatment plan had not been updated with strategies to address his behavior of eating gloves.</p>	V 112		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND	V 736	V 736 10A NCAC 27G .0303 Location and Exterior Requirements	

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STATE FORM 8570-101-01

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V 736	<p>Continued From page 3</p> <p><b>EXTERIOR REQUIREMENTS</b> (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> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation of the facility and its grounds on 8/2/21 at approximately 9:55 am through 10:52 am revealed:</p> <ul style="list-style-type: none"> <li>-There were pieces of old, splintered wood of various sizes; a broken wooden rocking chair; a broken wooden mop handle and metal door runners stored in a pile beside the sports equipment building which was in an outdoor area used by clients.</li> <li>-An opened and unattended first aid kit which contained a pair of scissors and tweezers was laying on the counter and easily accessible to clients.</li> <li>-A cylinder of oxygen was free standing on the floor of the classroom and was not stored in a secure manner to prevent tipping, or damage.</li> <li>-There was an empty rack on the wall in the hallway with a sign that read "fire extinguisher" and the fire extinguisher was missing.</li> <li>-In client bathroom #1 the toilet basin had brown colored stains; an opened box of disposable gloves was stored inside the basin of a portable commode and a shelf which was accessible to clients contained a bottle of perineal cleanser and a bottle of disinfectant.</li> </ul>	V 736	<p>Measures that will be put in place to correct the following deficient area of practice.</p> <p>A. Pieces of old, splinter wood of various sizes; a broken wooden rocking chair; a broken wooden mop handle and metal door runners stored in a pile beside the sports equipment building which was in an outdoor area used by clients</p> <ol style="list-style-type: none"> <li>1. Thrown away and cleared</li> <li>2. Staff are trained on reporting any safety or health concerns to the supervisors, Director and/or OP during staff meeting,</li> <li>3. Staff are trained on reporting any safety or health concerns to the supervisors, Director and/or OP on their monthly supervision.</li> </ol> <p>B. Scissors and tweezers in First Aid Kits</p> <ol style="list-style-type: none"> <li>1. Taken out of First Aid Kits and put in a secure location</li> </ol>	<p>8/3/21</p> <p>8/18/21</p> <p>8/31/21</p> <p>8/3/21</p>

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V 736	<p>Continued From page 4</p> <p>-In bathroom #2 there was a bottle of disinfectant on a shelf which was accessible to clients and an opened box of disposable gloves was stored on the shelf beside a toilet brush.</p> <p>-A separate shelf in bathroom #2 contained several opened packages of disposable underwear. Brown colored residue which appeared to be fecal matter was stuck to the outside of one of the packages and also on a few of the disposable underwear.</p> <p>Interview on 8/2/21 with Staff #1 revealed:</p> <p>-Cleaning supplies were supposed to be kept locked up in the medication room.</p> <p>-Sometimes staff left cleaning supplies in the bathroom.</p> <p>-She stated, "It's not safe. If I do see it, I get the med key and lock it up."</p> <p>-The first aid kit was stored in a different area for each classroom as follows: Usually up on the filing cabinet in the alligators class. Beside the microwave in the sharks room. Closed inside a cabinet in the panda's room.</p> <p>-In the lions room, the first aid kit was "right there in close contact because the twins are accident prone."</p> <p>Interview on 8/2/21 with Staff #2 revealed:</p> <p>-Cleaning supplies were stored in a locked cabinet inside the medication room.</p> <p>-She assisted a client to the bathroom today and had not seen any cleaning supplies.</p> <p>-First aid kits were stored in a different place in each room.</p> <p>-She had no concerns about the safety of the clients.</p> <p>Interview on 8/2/21 with the Qualified Professional (QP) revealed:</p>	V 736	<p>2. Staff trained on securing First Aid Scissors and tweezers during staff meeting.</p> <p>3. Staff will be trained on their monthly supervision regarding first aid scissors and tweezers.</p> <p>C. All oxygen tanks free standing in the classroom</p> <p>1. Removed and put into a secure location.</p> <p>2. Staff will be trained on oxygen tank being in a secure location during staff meeting.</p> <p>3. Staff will be trained on their monthly supervision regarding oxygen tank put into a secure location.</p> <p>D. All Fire Extinguishers</p> <p>1. Are properly placed on the rack.</p> <p>2. Staff will be trained on fire extinguishers placed in their proper position during staff meeting.</p>	<p>8/18/21</p> <p>9/30/21</p> <p>8/3/21</p> <p>9/22/21</p> <p>9/30/21</p> <p>8/3/21</p> <p>9/22/21</p>

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V 736	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-The fire extinguisher was missing from the rack in the hallway because a client had pulled it off the wall.</li> <li>-Cleaning supplies had always been kept locked up in the medication room.</li> <li>-He was surprised cleaning supplies had been found in the client bathrooms.</li> <li>-The pile of wood and metal had been beside the sports equipment building for quite a while.</li> <li>-He was not sure why first aid kits had been left sitting out in the classrooms.</li> <li>-Staff had been advised to store disposable gloves in an area which was not accessible to clients.</li> </ul>	V 736	<p>3. Staff will be trained on fire extinguishers put in their proper place during monthly supervision.</p> <p>E. Client bathroom #1 is cleaned and organized.</p> <p>1. Toilets are cleaned.</p> <p>a) Staff trained on cleaning bathrooms thoroughly during staff meeting</p> <p>b) Staff trained on keeping bathrooms cleaned and organized on their monthly supervision.</p> <p>2. Gloves are stored securely in the shelves.</p> <p>a) Staff trained on boxes of gloves stored in a secure location during staff meeting.</p> <p>b) Staff trained on glove storage during monthly supervision.</p> <p>3. Shelves are cleaned and organized.</p> <p>a) Staff trained on cleaning and organizing shelves during staff meeting.</p> <p>b) Staff trained on cleaning and organizing shelves during monthly supervision.</p>	<p>9/30/21</p> <p>8/3/21</p> <p>8/18/21</p> <p>8/31/21</p> <p>8/3/21</p> <p>8/18/21</p> <p>8/31/21</p> <p>8/3/21</p> <p>8/18/21</p> <p>8/31/21</p>

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V 736	<p>Continued From page 4</p> <p>-In bathroom #2 there was a bottle of disinfectant on a shelf which was accessible to clients and an opened box of disposable gloves was stored on the shelf beside a toilet brush.</p> <p>-A separate shelf in bathroom #2 contained several opened packages of disposable underwear. Brown colored residue which appeared to be fecal matter was stuck to the outside of one of the packages and also on a few of the disposable underwear.</p> <p>Interview on 8/2/21 with Staff #1 revealed: -Cleaning supplies were supposed to be kept locked up in the medication room. -Sometimes staff left cleaning supplies in the bathroom. -She stated, "It's not safe. If I do see it, I get the med key and lock it up." -The first aid kit was stored in a different area for each classroom as follows: Usually up on the filing cabinet in the alligators class. Beside the microwave in the sharks room. Closed inside a cabinet in the panda's room. -In the lions room, the first aid kit was "right there in close contact because the twins are accident prone."</p> <p>Interview on 8/2/21 with Staff #2 revealed: -Cleaning supplies were stored in a locked cabinet inside the medication room. -She assisted a client to the bathroom today and had not seen any cleaning supplies. -First aid kits were stored in a different place in each room. -She had no concerns about the safety of the clients.</p> <p>Interview on 8/2/21 with the Qualified Professional (QP) revealed:</p>	V 736	<p>4. Portable commode is thrown away.</p> <p>5. Bottle of perineal cleanser and a bottle of disinfectant are stored in a locked location.</p> <p>a) Trained staff on locking up cleaning supplies during staff meeting</p> <p>b) Trained staff on cleaning supplies locked up when not in use on their monthly supervision.</p> <p>F. Client bathroom #2 is cleaned and organized:</p> <p>1. Gloves are stored securely in the shelves.</p> <p>a) Staff trained on boxes of gloves stored in a secure location during staff meeting.</p> <p>b) Staff trained on glove storage during monthly supervision.</p> <p>2. Toilet brush on the floor near the toilet.</p>	<p>8/3/21</p> <p>8/3/21</p> <p>8/18/21</p> <p>8/31/21</p> <p>8/3/21</p>

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V 736	<p>Continued From page 4</p> <p>-In bathroom #2 there was a bottle of disinfectant on a shelf which was accessible to clients and an opened box of disposable gloves was stored on the shelf beside a toilet brush.</p> <p>-A separate shelf in bathroom #2 contained several opened packages of disposable underwear. Brown colored residue which appeared to be fecal matter was stuck to the outside of one of the packages and also on a few of the disposable underwear.</p> <p>Interview on 8/2/21 with Staff #1 revealed:</p> <p>-Cleaning supplies were supposed to be kept locked up in the medication room.</p> <p>-Sometimes staff left cleaning supplies in the bathroom.</p> <p>-She stated, "It's not safe. If I do see it, I get the med key and lock it up."</p> <p>-The first aid kit was stored in a different area for each classroom as follows: Usually up on the filing cabinet in the alligators class. Beside the microwave in the sharks room. Closed inside a cabinet in the panda's room.</p> <p>-In the lions room, the first aid kit was "right there in close contact because the twins are accident prone."</p> <p>Interview on 8/2/21 with Staff #2 revealed:</p> <p>-Cleaning supplies were stored in a locked cabinet inside the medication room.</p> <p>-She assisted a client to the bathroom today and had not seen any cleaning supplies.</p> <p>-First aid kits were stored in a different place in each room.</p> <p>-She had no concerns about the safety of the clients.</p> <p>Interview on 8/2/21 with the Qualified Professional (QP) revealed:</p>	V 736	<p>b) Staff trained on their monthly supervision on keeping the bathroom shelves cleaned and organized.</p> <p>5. Packages of disposable underwear are organized in the shelf. Those with brown colored residue on the packages and on the few disposable underwear are thrown away.</p> <p>a) Staff trained on cleaning bathroom, cleaning shelves, not using "contaminated" gloves when reaching for disposable underwear, and throwing away anything "contaminated" during staff meeting.</p> <p>b) Staff trained on keeping bathrooms cleaned and keeping the shelves cleaned and organized during their monthly Supervisions.</p>	<p>8/31/21</p> <p>8/3/21</p> <p>8/18/21</p> <p>8/31/21</p>

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(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) COMPLETE DATE
V 736	<p>Continued From page 5.</p> <ul style="list-style-type: none"> <li>-The fire extinguisher was missing from the rack in the hallway because a client had pulled it off the wall.</li> <li>-Cleaning supplies had always been kept locked up in the medication room.</li> <li>-He was surprised cleaning supplies had been found in the client bathrooms.</li> <li>-The pile of wood and metal had been beside the sports equipment building for quite a while.</li> <li>-He was not sure why first aid kits had been left sitting out in the classrooms.</li> <li>-Staff had been advised to store disposable gloves in an area which was not accessible to clients.</li> </ul>	V 736	<p><i>measures that will be put in place to prevent the problem from occurring again.</i></p> <p><i>A. - F.</i></p> <p><i>Supervisors, Director and/or QIP, will complete a monthly safety inspection checklist each month.</i></p>	<i>9/30/21</i>

Division of Health Service Regulation

STATE FORM

6899

ZTDQ11

If continuation sheet 6 of 6

## FAX COVER SHEET

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**To:** Mental Health Licensure and  
Certification Section, NC Division of  
Health Service Regulation

**From:** Brian Vickers

**Company:** Davidson Family  
Services/LINCS Day Program

**Date:** September 03, 2021 11:28

**Fax Number:** 19197158078

**Pages (including cover):** 13

**Re:** LINCS POC 9-3-21

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**Notes:**

I will also be mailing the original as well.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

August 24, 2021

Mr. Brian Vickers, Director  
Davidson Homes, Inc.  
2084 Highway 70  
Swannanoa, NC 28778

Re: Complaint and Annual Survey completed August 4, 2021  
LINCS 6 Byas Lane Swannanoa, NC 28778  
MHL # 011-247  
E-mail Address: vickersb@dfsmail.org  
(Intake #NC00178975)

Dear Mr. Vickers:

Thank you for the cooperation and courtesy extended during the complaint and annual survey completed August 4, 2021. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- All tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is October 3, 2021.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

August 24, 2021  
Davidson Homes, Inc.  
Brian Vickers, Director

- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Sonia Eldridge, Team Leader at 828-665-9911.

Sincerely,



Maria Smith  
Nurse Consultant I  
Mental Health Licensure & Certification Section

Cc: [dhhs@vayahealth.com](mailto:dhhs@vayahealth.com)  
Pam Pridgen, Administrative Assistant