

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-247	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LINCS	STREET ADDRESS, CITY, STATE, ZIP CODE 6 BYAS LANE/180 BUCKEYE COVE ROAD SWANNANOVA, NC 28778
--	--

(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>INITIAL COMMENTS</p> <p>A follow up and complaint survey was completed on June 26, 2023. The complaint (Intake #NC00203723) was substantiated. The complaint (Intake #NC00203713) was unsubstantiated. A deficiency was 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 Individuals of all Disability Groups.</p> <p>The facility has a current census of 44. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; 	V 110		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-247	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LINCS	STREET ADDRESS, CITY, STATE, ZIP CODE 6 BYAS LANE/180 BUCKEYE COVE ROAD SWANNANOVA, NC 28778
--	--

(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 110	<p>Continued From page 1</p> <p>(4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, 1 of 3 audited staff (Staff #1) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 6/23/23 of Staff #1's record revealed: -Hired 5/23/22. -Direct Support Professional (paraprofessional). -5/10/22 - Incident Reporting Training - "...Any incident that is either out of the ordinary for the client...or could potentially lead to an ongoing emotional or physical injury...requires the submission of an incident report and contacting the QP (Qualified Professional) immediately..." -4/19/23, 5/17/23 and 6/21/23 - trainings on "Van Safety and Transporting member with Wheelchairs." -Trainings included step-by-step instructions on applying the van tie-downs to the wheelchair and seat belt.</p> <p>Review on 6/23/23 of a facility incident report for Client #1 dated 5/22/23 completed by Staff #1</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-247	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LINCS	STREET ADDRESS, CITY, STATE, ZIP CODE 6 BYAS LANE/180 BUCKEYE COVE ROAD SWANNANOVA, NC 28778
--	--

(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 110	<p>Continued From page 2</p> <p>revealed:</p> <p>-Describe the incident in detail...Getting ready to turn left at traffic light to go across bridge and a car in front stopped very suddenly and I (Staff #1) had to brake very suddenly...Seat belt and locks came off and client (Client #1) came forward and off wheelchair..."</p> <p>-Describe the Action Taken...pulled over and checked on client to make sure they were ok..."</p> <p>-Describe how this type of incident may be prevented in the future...Just making sure seat belt and buckles are locked and in place properly..."</p> <p>-Comments/Follow-up...Director processed with [Client #1] once they arrive at the day program... [Client #1] shared that he was fine and nothing was hurting. Director processed with the staff (Staff #1) by training her the effective way to lock the wheelchair seat belt to keep our member safe during transport..."</p> <p>Review on 6/23/23 of Client #1's record revealed:</p> <p>-Admitted 5/20/17.</p> <p>-Diagnoses of Moderate Intellectual Developmental Disability, General Anxiety Disorder, Seizure Disorder, Dysthymic Disorder, Somatization Disorder, Schizotypal, Major Depressive Disorder, Unsteadiness on Feet, and Other Psychotic Disorder not due to a Substance or known Psychological Disorder.</p> <p>Interview and observation on 6/23/23 at 10:29 a.m. with Client #1 revealed:</p> <p>-While riding in the facility van he fell out of his wheelchair onto the floor of the van.</p> <p>-He fell on his bottom and said his leg hurt afterward and "...think there was a scrape on one of my knees..."</p> <p>-He pointed to his mid right thigh area where his leg was hurt.</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-247	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LINCS	STREET ADDRESS, CITY, STATE, ZIP CODE 6 BYAS LANE/180 BUCKEYE COVE ROAD SWANNANOVA, NC 28778
--	--

(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 110	<p>Continued From page 3</p> <p>-He did not require any treatment or go to the hospital as a result of falling.</p> <p>-The seat belt "...wouldn't stay locked, it would pop open...it happened before if she (the driver) would turn a certain way it would pop open...I'm scared to ride in it (the van)..."</p> <p>Observation on 6/23/23 at 12:54 p.m. of the facility van with Staff #1 and the Director revealed:</p> <p>-This was the van used to transport Client #1 on 5/22/23.</p> <p>-Staff #1 demonstrated how to put the tie downs in the locked status and how to buckle the seat belt that went across the client's chest once in the van.</p> <p>-There were 4 tie downs that locked into place once they were put into the metal grooves and hooked onto the frame of the wheelchair.</p> <p>-The tie downs would not move once placed in the groove unless it was slid backwards and pulled out of the slots.</p> <p>-During demonstration the seat belt, that crosses the clients chest area once inside the van, kept popping back out when slightly moved.</p> <p>-Surveyor attempted to lock the seat belt and it took some extra effort to push the buckle hard enough until a click sound was heard.</p> <p>-Once the seat belt clicked, surveyor attempted to pull the seat belt apart and it was locked and did not pull apart until the button was pushed.</p> <p>-The Director pointed out Client #1's wheelchair did not have a seatbelt and he sat on a cushion which made it more slick on the seat of the wheelchair.</p> <p>-He stated this was also a reason the client slid forward out of the chair.</p> <p>Interview on 6/23/23 with Staff #1 revealed:</p> <p>-She was driving the facility van on 5/22/23 when</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-247	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LINCS	STREET ADDRESS, CITY, STATE, ZIP CODE 6 BYAS LANE/180 BUCKEYE COVE ROAD SWANNANOVA, NC 28778
--	--

(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 110	<p>Continued From page 4</p> <p>Client #1 fell out of his wheelchair.</p> <ul style="list-style-type: none"> -She had been sitting at a light and when it turned green she and the car in front of her started to turn. -The car in front of her suddenly stopped so she had to suddenly stop and this was when the client fell. -The client "slid out on his bottom;" the wheelchair rolled forward as well, but it did not fall on the client. -The seat belt "...would not stay latched very good, when hit a bump a certain kind of way it would undo, constantly...I would have to pull over and re-buckle it...No one else has slid down or fell in the past." -"It wouldn't have mattered, either side connected on would have come out...the wheelchair itself was locked down...the wheelchair still rolled forward...it was locked (metal anchors) in the front and back (of the wheelchair), just the back one (left side) popped out..." -She pulled over to the side of the road, got out and asked the client if he was "ok" and he said he was. -He was on the floor, between the two middle bucket seats, but more towards the back of the seats. -She was unable to lift him off the floor, so she drove him back to the facility (approximately a half mile). -She then called the Director, told him what happened asked if he could come outside to get the client off the floor and out of the van. <p>Interview on 6/23/23 with the Director revealed:</p> <ul style="list-style-type: none"> -He expected Staff #1 to call him or the QP immediately after the incident and he would have went to the scene to help Client #1 off the floor. -He "would not have advised" her to drive back to the facility with the client on the floor. 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-247	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LINCS	STREET ADDRESS, CITY, STATE, ZIP CODE 6 BYAS LANE/180 BUCKEYE COVE ROAD SWANNANOVA, NC 28778
--	--

(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 110	Continued From page 5 -Staff #1 used the wrong seat belt attachment, there was one for the left side and one for the right side. -Someone had left the correct attachment in the front of the van, all the seat belt attachments need to stay in the back of the van. -He was not aware Client #1's wheelchair went forward as well when Staff #1 suddenly stopped.	V 110		