

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
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NAME OF PROVIDER OR SUPPLIER LINCS	STREET ADDRESS, CITY, STATE, ZIP CODE 6 BYAS LANE/180 BUCKEYE COVE ROAD SWANNANOVA, NC 28778
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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>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	<p>Staff #1 was corrected by retraining on vehicle safety specifically learning how to tie down members safety; pickup and dropoff safely during transport.</p> <p>Prevention is being implemented by training the entire LINCS Day Program Staff at regular meetings including the meeting today, July 19, 2023 at 2pm at which, Director will train all staff on van safety, transporting, pickup and dropoff and learning how to tie down, secure Members correctly in wheelchairs and vehicle seats using seatbelts, double checking to ensure that seatbelts are locked correctly and all tie downs are properly secured in all locations where necessary. Additionally, LINCS Director physically supervises all transport hours and locations. Further, DFS QM and LINCS Director monitor all vehicle safety through the US Cellular Cruise Connect Vehicle Monitoring system. Lastly, DFS QM and LINCS Director complete regular safety test drives and maintenance checks on all DFS agency vehicles.</p> <p>Monitoring will be accomplished by the LINCS Director, [REDACTED] on a weekly basis. This has been done for the entire year and as usual safety procedure at LINCS Day Program.</p> <p>LINCS Director and staff are continually committed to reviewing safety standards according to NCDHSR 27 G .0204 now, through the current review period up to August 30, 2023 and always to ensure all Members constant safety while being transported and in every task and activity during implemented services.</p>	
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> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p>	V 110		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Norque Smith, BS, QP, Day Program Director July 19, 2023

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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		
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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
Mental Health Licensure and Certification Section
Rule Violation and Client/Staff Identifier List**

Facility Name: LINC'S _____
Exit Date: 6/26/23 _____

MHL Number: 011-247 _____
Surveyor(s): [REDACTED] _____

COVID NOTIFICATION: In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G.0204/V110/standard

Rule Violation/Tag #/Citation Level: _____

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Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

CITATION LEVEL: Number of days from survey exit for citation correction
Standard = 60 days **Recite – standard** = 30 days **Type A** = 23 days **Type B** = 45 days
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

June 30, 2023

HR Manager
Davidson Homes, Inc.
2084 Highway 70
Swannanoa, NC 28778

Re: Complaint and Follow up Survey completed June 26, 2023
LINCS, 6 Byas Lane, Swannanoa, NC 28778
MHL #011-247
E-mail Address:
Intake #'s NC00203713 and NC00203723

Dear

Thank you for the cooperation and courtesy extended during the complaint and follow-up survey completed June 26, 2023. The complaint (NC00203713) was unsubstantiated. The complaint (NC00203723) was substantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. An additional deficiency was cited during the survey.

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

- A standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be corrected within 60 days from the exit of the survey, which is August 25, 2023.

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.
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.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov • TEL: 919-855-4619 • FAX: 919-715-8078
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

DAVIDSON FAMILY SERVICES FAX COVER SHEET

To:

From: [REDACTED]

Company:

Fax Number: 18443031298

Fax Number: 19197158078

Date: July 19, 2023 13:04

Re: NC00203723

Pages (Including cover): 6

Notes: