STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-247	A. BUILDING: _____ B. WING _____	R-C 10/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCS	6 BYAS LANE/180 BUCKEYE COVE ROAD SWANNANOA, 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	INITIAL COMMENTS A follow up and complaint survey was completed on 10/6/23. The complaint was unsubstantiated (# NC207284). A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups and 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups This facility is licensed for 0 and currently has a census of 39. The survey sample consisted of audits of 3 current clients.	V 000		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and	V 117		

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V 117	Continued From page 1 (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure the packaging and labeling were affixed to each prescription drug dispensed affecting 1 of 3 audited client (Client #1). The findings are: Observation on 10/5/23 of medication lock box for Client #1 revealed gallon size baggie full of smaller Dispill packs of medication. The back of each pack revealed Divalproex 125mg 3 capsules, Quetiapine 25mg 1 tablet. There were no further details or instructions. Record review on 10/4/23 for Client #1 revealed: -Date of admission- 2/5/11. -Diagnoses-Moderate Intellectual Developmental Disability, Panic Disorder with Agoraphobia, Seizure Disorder, Severe Strabismus, Cerbral Palsy, Chromosomal Abnormality, Autonomic Dysfunction. Physician ordered medications included: -Divalproex Sprinkles 125mg (milligrams) (seizures) - 3 capsules at noon ordered 11/10/22. -Quetiapine 25mg (antipsychotic)- 1 tablet at noon ordered 3/15/23. Review on 10/5/23 of July-September 2023 MARs revealed:	V 117		

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V 117	Continued From page 2 -Divalproex was initialed as administered on July 5, 7, 11-14, 18-20, 25-28, August 1-4, 8-11, 15-18, 22-24, 29-30, September 1, 8, 12-15, 19-22, 26-28. -Quetiapine was initialed as administered on July 5, 7, 11-14, 18-20, 25-28, August 1-4, 8-11, 15-18, 22-24, 29-30, September 1, 8, 12-15, 19-22, 26-28. Interview on 10/5/23 with Staff #1 revealed: -She was responsible for medications and was typically the one who passed medications. -Client #1's AFL (alternative family living) caregiver brings in medications and orders. She last brought 56 packs on 8/29/23. -She administered medications based on the orders. Interview on 10/6/23 with the Qualified Professional/Program Director revealed: -Staff #1 was responsible for everything medication wise.	V 117		