

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>R</b> <b>05/22/2018</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</b> <b>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>A limited follow up survey for the Type A1 was completed on May 22, 2018. This was a limited follow up survey, only 10A NCAC 27D.0304(a) Protection from Harm, Abuse, Neglect or Exploitation (V512) and Cross Reference: General Statue 131E-256(g) - Health Care Personnel Registry (V132) were reviewed for compliance. The following were brought back into compliance 10A NCAC 27D.0304(a) Protection from Harm, Abuse, Neglect or Exploitation (V512) and General Statue 131E-256(g) - Health Care Personnel Registry (V132). No deficiencies were cited.</p> <p>This facility is licensed 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		

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