PRINTED: 08/15/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-066		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 07/31/2018	
		MHL053-066				
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
ID CARC	LINA INNOVATIONS		MMERCE DRIVE RD, NC 27332			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC	DVIDER'S PLAN OF CORRECTION (X5) CORRECTIVE ACTION SHOULD BE COMPLET REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) DATE	
V 000	INITIAL COMMENTS		V 000			
	An annual and complaint survey was completed July 31, 2018. The complaint was unsubstantiated. (Intake #NC00140871). No deficiencies were cited.					
	category: 10A NCAC Developmental and	Vocational Program (ADVP) developmental activities for				
	Ith Service Regulation	/SUPPLIER REPRESENTATIVE'S SIGNATU		TITLE		(X6) DATE