Division of Health Service Regulation

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 **01/13/2021**

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 limited follow-up survey for the Type A1 rule violation was completed on January 13, 2021. This was a limited follow up survey, only 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (V112) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (V112). No deficiencies were cited. This facility 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	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE　　TITLE　　(X6) DATE