Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	MHL010-084		**10/26/2023**

NAME OF PROVIDER OR SUPPLIER

LINDLEY COLLEGE IX

STREET ADDRESS, CITY, STATE, ZIP CODE

1513 NORTH HOWE STREET, SUITE H
SOUTHPORT, NC 28461

(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 complaint survey was completed October 26, 2023. The complaint was unsubstantiated (intake #NC00208057). No deficiencies were cited. This facility is licensed for the following service category: NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. The facility currently has a census of 21. The survey sample consisted of audits of 4 current clients.	V 000		

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