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 04/11/2024

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 complaint and follow up survey was completed on 4/11/24. The complaint was unsubstantiated (# NC00214133). 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 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 40. The .5400 Day Activity has a current census of 40 and the .5100 Community Respite has a current census of 0. The survey sample consisted of audits of 1 current client in the Day Activity program.	V 000		