

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-248	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/27/2025
---	--	--	--

NAME OF PROVIDER OR SUPPLIER LINDLEY COLLEGE X	STREET ADDRESS, CITY, STATE, ZIP CODE 2451 SOUTH CHURCH STREET BURLINGTON, NC 27216
--	---

(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>INITIAL COMMENTS</p> <p>A complaint survey was completed on March 27, 2025. The complaint was substantiated (intake #NC00228167). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups.</p> <p>This facility has a current census of 16. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>RECEIVED</p> <p>APR 21 2025</p> <p>DHSR-MH Licensure Sect</p>	
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility is not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 3/25/25 at 8:45 a.m. of the facility revealed: -The day program was one large room with offices. -There were black and brown stains on the carpet in the day program room and staff offices. -Some areas of the carpet near and under client's desk was shredding and tearing and held down with tape.</p> <p>Interview on 3/27/25 with the Program Manager/Qualified Professional revealed: -The company was aware of the stains and</p>	V 736	<p>The Landlord is scheduling and handling the flooring replacement through their vendor. The Landlord referenced as of this week, the flooring would be expected to take 3-4 weeks to arrive once ordered, which would be after the lease is signed and a color is chosen. The cove base would have a separate order time depending on the color. Time to install would depend on the work hours and when installers are allowed in the facility. The flooring has been scheduled to start on May 12th. Floring installment is being monitored by the Environmental Health and Safety Manager.</p>	5/26/2025

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Rm Director

(X6) DATE

4/11/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-248	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/27/2025
NAME OF PROVIDER OR SUPPLIER LINDLEY COLLEGE X			STREET ADDRESS, CITY, STATE, ZIP CODE 2451 SOUTH CHURCH STREET BURLINGTON, NC 27216		
(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 736	Continued From page 1 tearing of the carpet for over one year. -They were supposed to get new flooring in November 2024. -She did not have an update for when the new flooring would be installed.	V 736			