	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL092-967	B. WING		07/1	7/2025
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
LINDLEY	COLLEGE-RALEIGH		RIDIEN DRIVI , NC 27616	E, SUITE 103		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLÉTE DATE
V 000	INITIAL COMMEN	ΓS	V 000			
	A complaint survey was completed on July 17, 2025. The complaint was substantiated (intake #NC00231450). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.					
		urrent census of 40. The sisted of audits of 2 current r				
V 132	G.S. 131E-256(G) Allegations, & Prote		V 132			
	REGISTRY (g) Health care faci Department is notif health care person unknown source, w any act listed in sub (which includes: a. Neglect or abus facility or a person as defined by G.S. as defined by G.S. b. Misappropriatio in a health care fac (b) of this section ir care services as are being provided c. Misappropriatio healthcare facility d. Diversion of dru facility or to a patien	n of the property of a				

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

MHL092-967 MHL092-967 B. WING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION		SURVEY PLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6531 MERIDIEN DRIVE, SUITE 103 RALEIGH, NC 27616 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 132 Continued From page 1 a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.				7. BOILDING.			C
LINDLEY COLLEGE-RALEIGH (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 132 Continued From page 1 a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE DEPARTMENT OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE PROVIDER'S PLAN OF CORRECTION			MHL092-967	B. WING			
CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DATE V 132 Continued From page 1 V 132 a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 132 Continued From page 1 a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	LINDLE	Y COLLEGE-RALEIGH	-1		E, SUITE 103		
a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BE	COMPLETE
Based on record review and interview the facility failed to notify the Health Care Personnel Registry (HCPR) of an allegation for neglect. The findings are: Review on 7/16/25 of an IRIS (incident response improvement system) report dated 12/20/24 for client #1 revealed: - "there were noises coming from the kitchen[client #1] inappropriately touching on another client (former client) [FC#2]he says the other consumer (FC#2) gave him permission toinformed him that just because permission was given doesn't make it right" - "describe the cause of the incident: staff not being around their consumer at all times. Allowing their consumer to walk away from them to an area where they are no longer in eye sight" - "incident prevention: this incident could have been prevented by following facilities protocol where your client needs to be within arms length at all times." - no level III incident report for FC#2 Review on 7/16/25 of the facility's internal investigation for the 12/20/24 incident revealed: - "conclusion: video footage verified that two students (client #1 & FC#2) were left unattended and engaged in consensual inappropriate	V 132	a patient or client for providing services) Facilities must have acts are investigated to protect residents investigation is in prinvestigations must be partment within notification to the D. This Rule is not medicated to notify the Registry (HCPR) of findings are: Review on 7/16/25 improvement systectient #1 revealed: "there were rekitchen[client #1] another client (form other consumer (Form other consumer (Form other consumer to wars given doesn't redescribe the consumer to ware where they are "incident preverse prevented by where your client nat all times." no level III incident Review on 7/16/25 investigation for the "conclusion: vic students (client #1)	or whom the employee is we evidence that all alleged ed and must make every effort is from harm while the progress. The results of all the reported to the five working days of the initial pepartment. et as evidenced by: eview and interview the facility realth Care Personnel from allegation for neglect. The of an IRIS (incident response em) report dated 12/20/24 for moises coming from the inappropriately touching on mer client) [FC#2]he says the C#2) gave him permission make it right" reause of the incident: staff not consumer at all times. Allowing walk away from them to an e no longer in eye sight" ntion: this incident could have following facilities protocol eeds to be within arms length dent report for FC#2 of the facility's internal e 12/20/24 incident revealed: deo footage verified that two & FC#2) were left unattended	V 132			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		MHL092-967	B. WING			7/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 132	activities although stwo within a very shallegation of negled substantiated" During interview on HCPR reported: - aware of the 12 & FC#2 - an IRIS report the completed HCF (FS#3) - the IRIS report HCPR investigation During interview on reported: - she was out on 12/20/24 incident - an investigation completed and sen was not sure we sent to HCPR - Directors do no investigations and sen will double che Supervisors to ensite	staff member discovered the nort time frametherefore, the ct, failing to supervise is 1.7/16/25 a representative with 2/20/24 incident with client #1 for FC#2 was not received with PR section for former staff was needed to complete a n for FS#3 1.7/17/25 the Interim Director 1. "medical leave" during the n for the 12/20/24 incident was at to HCPR 1. "hy FS#3's information was not obt complete internal submit to the HCPR 1. ck behind the Clinical ure HCPR are aware of	V 132			
V 366	allegations against 27G .0603 Incident	Response Requirements	V 366			
	implement written presponse to level I, shall require the pre	JIREMENTS FOR				

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Division	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		MHL092-967	B. WING		1	7/2025
NAME OF I		CTDEET AD		STATE, ZIP CODE	•	
INAIVIE OF I	PROVIDER OR SUPPLIER					
LINDLEY	COLLEGE-RALEIGH			E, SUITE 103		
			, NC 27616			
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TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 366	Continued From pa	ge 3	V 366			
			. 555			
	of individuals involv					
		ng the cause of the incident;				
		g and implementing corrective				
		g to provider specified				
	timeframes not to e					
		g and implementing measures				
		cidents according to provider				
		es not to exceed 45 days;				
		person(s) to be responsible				
	preventive measure	of the corrections and				
		to confidentiality requirements				
		Article 2A, 10A NCAC 26B,				
		d 3 and 45 CFR Parts 160 and				
	164; and	do and 40 of 101 and 100 and				
		ng documentation regarding				
		(1) through (a)(6) of this Rule.				
		e requirements set forth in				
	Paragraph (a) of thi	is Rule, ICF/MR providers				
	shall address incide	ents as required by the federal				
		FR Part 483 Subpart I.				
		e requirements set forth in				
		is Rule, Category A and B				
		g ICF/MR providers, shall				
		nent written policies governing				
		level III incident that occurs				
		s delivering a billable service				
		on the provider's premises.				
		equire the provider to respond				
	by:	oly socuring the client record				
	(1) immediate by:	ely securing the client record				
		the client record;				
		photocopy;				
		the copy's completeness; and				
	` ,	ng the copy to an internal				
	review team;	is the copy to an internal				
		g a meeting of an internal				
		24 hours of the incident. The				

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER LINDLEY COLLEGE-RALEIGH STREET ADDRESS, CITY, STATE, ZIP CODE 6531 MERIDIEN DRIVE, SUITE 103 RALEIGH, NC 27616 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM-	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	
NAME OF PROVIDER OR SUPPLIER LINDLEY COLLEGE-RALEIGH (X4) ID SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 6531 MERIDIEN DRIVE, SUITE 103 RALEIGH, NC 27616 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PROVIDER'S PLAN OF CORRECTION (X6) PROVIDER'S PLAN OF CORRECTION (X7) PROVIDER'S P		
LINDLEY COLLEGE-RALEIGH 6531 MERIDIEN DRIVE, SUITE 103 RALEIGH, NC 27616 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (
RALEIGH, NC 27616 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (NAME OF PROVIDI	
	LINDLEY COLL	
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PRÉFIX (
V 366 Continued From page 4 internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME where the client resides, if different; (C) the provider agency with responsibility	interry who were with a service follow (A) deter and roccur (B) (C) within preliment the locate if difference (D) owner final a catch LME final a identification incide minimal deavails LME three (3) (A) area Rule (B) differ	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		· /	, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
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		MHL092-967	B. WING			17/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LINDLE	COLLEGE-RALEIGH	•	RIDIEN DRIVI , NC 27616	E, SUITE 103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 366	for maintaining and treatment plan, if di provider; (D) the Depai (E) the client applicable; and (F) any other	l updating the client's fferent from the reporting tment; 's legal guardian, as authorities required by law.	V 366			
	Based on record refailed to submit per incident to the Local Organization (LME.) Review on 7/16/25 improvement systeclient #1 revealed: - "there were resident formation of the other consument to the other consumentsinformed him the was given doesn't reference of the information of the other consumentsinformed him the was given doesn't result in the other consumentsinformed him the other consumentsinformed h	report for FC#2 with the nnel Registry section				

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		MHL092-967	B. WING		07/1	7/2025
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LINDLEY	COLLEGE-RALEIGH		IDIEN DRIVI , NC 27616	E, SUITE 103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 366	Continued From page 6		V 366			
	conducted until HCPR received FS#3's demographic information					
	reported:	7/17/25 the Interim Director				
	12/20/24 incident	"medical leave" during the				
	- does not recall any emails that requested FS#3's demographic information					
V 367	27G .0604 Incident	Reporting Requirements	V 367			
	level II incidents, exithe provision of billaconsumer is on the incidents and level to whom the provid 90 days prior to the responsible for the services are provided becoming aware of be submitted on a factorial secretary. The reprin person, facsimile means. The report information: (1) reporting identification inform (2) client ider (3) type of incident (4) description (5) status of the cause of the incident incident (5) cause of the incident (5) the status of the incident (5) the in	UIREMENTS FOR B PROVIDERS B providers shall report all accept deaths, that occur during able services or while the providers premises or level III all deaths involving the clients of the incident to the LME catchment area where ead within 72 hours of the incident. The report shall form provided by the ort may be submitted via mail, or encrypted electronic shall include the following provider contact and action; attification information; cident; no fincident; the effort to determine the				

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Division of Health Service Regulation						
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL092-967	B. WING		07/1	7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		6531 MFR		E, SUITE 103		
LINDLE	COLLEGE-RALEIGH		, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 367	Continued From pa	ge 7	V 367			
	(b) Category A and missing or incomple shall submit an upd report recipients by day whenever: (1) the provide erroneous, mislead (2) the provide erroneous, mislead (2) the provide erroneous and upon required on the inciunavailable. (c) Category A and upon request by the obtained regarding (1) hospital reinformation; (2) reports by (3) the provide (d) Category A and of all level III incided Mental Health, Dev Substance Abuse Substance Abuse Substance Abuse Substance Abuse Substance Abuse Substance Regulation aware of providers shall send incidents involving a Health Service Regulation becoming aware of client death within sor restraint, the provimmediately, as required as and 10 A NCA (e) Category A and report quarterly to the catchment area who The report shall be by the Secretary via include summary in (1) medication	B providers shall explain any ete information. The provider lated report to all required the end of the next business der has reason to believe that d in the report may be ing or otherwise unreliable; or ler obtains information dent form that was previously. B providers shall submit, et LME, other information the incident, including: ecords including confidential of other authorities; and ler's response to the incident. B providers shall send a copy int reports to the Division of elopmental Disabilities and dervices within 72 hours of the incident. Category A dia copy of all level III a client death to the Division of ulation within 72 hours of the incident. In cases of seven days of use of seclusion wider shall report the death puired by 10A NCAC 26C AC 27E .0104(e)(18). B providers shall send a he LME responsible for the ere services are provided. Submitted on a form provided a electronic means and shall formation as follows: In errors that do not meet the III or level III incident:				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL092-967	B. WING			C 17/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
LINDLE	COLLEGE-RALEIGH			E, SUITE 103		
	- TOPELEGE-RALLION	RALEIGH,	NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 367	the definition of a le (3) searches (4) seizures of the possession of a (5) the total n incidents that occur (6) a statement been no reportable incidents have occur meet any of the crit	interventions that do not meet ovel II or level III incident; of a client or his living area; of client property or property in client; umber of level II and level III rred; and ent indicating that there have incidents whenever no irred during the quarter that eria as set forth in Paragraphs ule and Subparagraphs (1)	V 367			
	failed to submit a le Local Management (LME/MCO). The file Review on 7/16/25 improvement system client #1 revealed: - "there were nother consumer gave toinformed him the was given doesn't nother consumer to their consumer to we being around their consumer to we have to we will be the consumer to we will be their consumer to we will be the consumer to we will be the consumer to we will be the consumer to we will be their consumer to we will be the consumer to we will be	view and interview the facility vel III incident report to the /Managed Care Organization anding are: of an IRIS (incident response m) reported dated 12/20/24 for oises coming from the inappropriately touching on er client [FC#2]he says the ve him permission at just because permission				

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STATE FORM 6899 25Y411 If continuation sheet 9 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
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NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LINDLE	COLLEGE-RALEIGH		RIDIEN DRIVI , NC 27616	E, SUITE 103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 367	been prevented by where your client no at all times." - no level III incident and attempted call or revealed messages. During interview on reported: - she was out on 12/20/24 incident - an investigation completed and sender. - was not sure we FC#2 was not completed.	ntion: this incident could have following facilities protocol eeds to be within arms length dent report completed for FC#2 in 7/16/25 to LME/MCO selft with no return phone calls 7/17/25 the Interim Director "medical leave" during the infor the 12/20/24 incident was at to HCPR hy a level III incident report for pleted in the Clinical calcure level II & level III incident	V 367			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		MHL092-967	B. WING		07/1	7/2025
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LINDLEY	COLLEGE-RALEIGH	1	RIDIEN DRIVE , NC 27616	E, SUITE 103		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 367		RIS report for FC#2 with	V 367			
V 500	10A NCAC 27D .01 RESTRICTIONS AI (a) The governing assures the implem G.S. 122C-65, and (b) The governing implement policy to (1) all instance abuse, neglect or ereported to the Courservices as specific G.S. 7A, Article 44; (2) procedure instituted in accordary practice when a meropresent serious risk Particular attention neuroleptic medical (c) In addition to the 10A NCAC 27E .01 each facility shall dethat identifies: (1) any restriction of the course of the	body shall develop and assure that: ces of alleged or suspected exploitation of clients are unty Department of Social ed in G.S. 108A, Article 6 or and es and safeguards are ance with sound medical edication that is known to k to the client is prescribed. shall be given to the use of	V 500			

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LINDLEY	COLLEGE-RALEIGH	1		E, SUITE 103		
0/4) ID	CLIMMA DV CTA		NC 27616	DROVIDER'S DI ANI OF CORRECTION	DNI .	()/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 500	Continued From page 11		V 500			
	(2) in a 24-hounder which staff a the rights of a client (d) If the governing restrictive intervent the restrictions of c 122C-62(b) and (d) identify: (1) the permiallowed restrictions (2) the individent the client; and (3) the due pinvoluntary client where the client; and (3) the due pinvoluntary client where the compliance with Su which includes: (1) the design has been trained and competence to use provide written authorestrictive intervent renewed for up to a accordance with the NCAC 27E .0104(e) (2) the design responsible for reviations; and (3) the establia appeal for the resolutions.	our facility, the circumstances re prohibited from restricting t. body allows the use of ions or if, in a 24-hour facility, lient rights specified in G.S. are allowed, the policy shall tted restrictive interventions or ; dual responsible for informing rocess procedures for an ho refuses the use of ions. erventions are allowed for use are governing body shall ment policy that assures abchapter 27E, Section .0100, mation of an individual, who had who has demonstrated restrictive interventions, to norization for the use of ions when the original order is a total of 24 hours in the time limits specified in 10A				
	This Rule is not mo Based on record re	et as evidenced by: view and interview the facility				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-967	B. WING		07/1	7/2025
NAME OF F	DDOVIDED OD SLIDDLIED			ETATE ZID CODE	07/1	112025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6531 MERIDIEN DRIVE, SUITE 103						
LINDLEY COLLEGE-RALEIGH RALEIGH, NC 27616						
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ACTION SHOULD BE COMPLETE TO THE APPROPRIATE DATE	
V 500	V 500 Continued From page 12		V 500			
	failed to notify the Department of Social Services of an allegation of neglect. The findings are:					
	Review on 7/16/25 improvement system client #1 revealed: - "there were not kitchen[client #1] another client formed other consumer gastoinformed him the was given doesn't redescribe the consumer to ware a where they are ended and their consumer to ware a where they are ended to be in garound their consumer to ware a where they are ended to be incident prevented by where your client not at all times." Review on 7/16/25 investigation for the ended to consensual inappromember discovered	of an IRIS (incident responsem) reported dated 12/20/24 for oises coming from the inappropriately touching on er client [FC#2]he says the ve him permission at just because permission nake it right" ause of the incident: staff not consumer at all times. Allowing valk away from them to an eno longer in eye sight" intion: this incident could have following facilities protocol eds to be within arms length of the facility's internal ending to 12/20/24 incident revealed: lee footage verified that two inattended and engaged in opriate activities although staff of the two within a very short ore, the allegation of neglect,				
	reported: - she was out on 12/20/24 incident - was not sure w incident for client # - will double chec	ck behind the Clinical ure DSS was aware of any				