

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/27/2025
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 follow up survey was completed on August 27, 2025. No deficiencies were cited. This facility is licensed for the following service category: NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 22. The survey sample consisted of audits of 1 current client.	V 000			

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

TITLE

(X6) DATE