

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/16/2022
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NAME OF PROVIDER OR SUPPLIER CLEVELAND VOCATIONAL INDUSTRIES, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH POST ROAD SHELBY, NC 28150
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(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 limited follow-up survey for the Type A1 was completed on August 16, 2022. This was a limited follow-up survey, only 10A NCAC 27D.0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) was reviewed for compliance. The following was brought back into compliance 10A NCAC 27D.0304 Protection from Harm, Abuse, Neglect or Exploitation (V512). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities and 10A NCAC 27G .5500 Sheltered Workshops for Individuals of All Disability Groups.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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