

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/14/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLEVELAND VOCATIONAL INDUSTRIES, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>650 NORTH POST ROAD SHELBY, NC 28150</b>
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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><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on March 14, 2024. The complaints were unsubstantiated (intake # NC00213124 and NC00213231). 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> <p>The facility has a total census of 66. The .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities has a current census of 66 and the .5500 Sheltered Workshops for Individuals of All Disability Groups has a current census of 0. The survey sample consisted of audits of 7 current clients.</p>	V 000		

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