STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-825	A. BUILDING: _____ B. WING _____	C 08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH POINT VOCATIONAL CENTER	1701 WESTCHESTER DRIVE, SUITE 940 HIGH POINT, NC 27262

(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 complaint survey was completed on 8/2/24. The complaints were unsubstantiated (intake #NC219126 and #NC220037). No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G.2300 Adult Developmental Vocational Programs and 10A NCAC 27G.5500 Sheltered Workshops. This facility has a current census of 37. The survey sample consisted of audits of 1 current client.	V 000		