STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411015	A. BUILDING: _____ B. WING _____	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYMARK GUILFORD RESIDENTIAL TREATMENT FA	5209 WEST WENDOVER AVENUE HIGH POINT, NC 27265

(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 An annual and complaint survey was completed on 7/17/25. The complaints were unsubstantiated (intake #'s NC00229429 and NC00231218). No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3400 Residential Treatment-Individuals with Substance Abuse Disorders and 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. The facility is licensed for 56 and currently has a census of 25. The survey sample consisted of audits of 2 current clients and 3 former clients. This survey originally closed on 4/28/25 but was reopened on 7/11/25 due to additional complaints.	V 000		