STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL047-166	A. BUILDING: _____ B. WING _____	08/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MULTICULTURAL RESOURCES CENTER-GROUP HOI	2423 HIGHWAY 401 BUSINESS RAEFORD, NC 28376

(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 survey was completed on August 17, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that an assessment was completed prior to the delivery of services affecting 3 of 5 current clients (#1, #2, and #3) The findings are: Review on 8/16/18 of the facility's Assessment policy revealed: -"We require the following documents must be submitted upon acceptance of all newly admitted recipient's admission assessment shall include but not limiting to: "11. An assessment of the clients presenting problem. 12. An assessment of disposition for the client shall be complete. 13. An assessment the agency's ability to provide services to the client shall be conducted." Review on 8/16/18 of client #1's record revealed: - he was admitted on 2/12/17 with the diagnoses of Schizophrenia. Further review revealed no written assessment on client #1. Review on 8/16/18 of client #2's record revealed: - he was admitted on 5/2/18 with the diagnoses of Schizophrenia. Further review revealed no written assessment on client #2. Review on 8/16/18 of client #3's record revealed - an unknown admission date with the diagnoses of Schizophrenia. Further review revealed no written assessment on client #3.	V 111		

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V 111	Continued From page 2 During interview on 8/16/18 the licensee stated: - there were no assessments completed on clients (#1, #2, and #3) prior to the delivery of services.	V 111		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure fire and disaster drills were conducted at least quarterly on each shift. The findings are: During record review on 8/14/18 revealed: - Written documentation of fire and disaster drills being conducted, however; they were not being conducted at least quarterly on each shift. Interview on 8/16/18 the Program Director stated they were not conducting disaster drills on a quarterly basis on each shift.	V 114		

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