		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL047-169	B. WING		08/	12/2019
AME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE. ZIP CODE		
		518 FAS	T 5TH AVENUE			
ULTICU	ILTURAL RESOURCE	ES CENTER GROU RAEFOR	D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
	INITIAL COMMEN	rs	V 000			
	An annual survey was completed on August 12, 2019. Deficiencies were cited.					
		sed for the following service C 27G .5600A Supervised h Mental Illness.				
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	 only be administered order of a person a drugs. (2) Medications shat clients only when a client's physician. (3) Medications, include the privileged to prepare (4) A Medication Act all drugs administered only builteensed persons pharmacist or other privileged to prepare (4) A Medication Act all drugs administered current. Medication frecorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the the function of the privileged to the privileged to prepare (5) Client requests 	non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The he following: , and quantity of the drug; administering the drug; he drug is administered; and of person administering the for medication changes or corded and kept with the MAR				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL047-169	B. WING		08/	12/2019
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S		00/	12/2013
		518 FAS	T 5TH AVENUE			
ULIICU	ILTURAL RESOURCI	ES CENTER GROU RAEFOR	RD, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 118	Continued From pa	age 1	V 118			
	Based on record re interviews, the facil medication was ad	et as evidenced by: eviews, observation and ity staff failed to assure: a) ministered as ordered by a ARs were kept current. The				
	Review on 8/9/19 c - Admission date o - Diagnoses of Sch Intermittent Explos Disability; Borderlin Factitious Disorder - Physician's orders 1) 6/25/19 - Clonaz "Decrease from Bll the morning." 2) 6/25/19 - Risper needed (PRN) for a 7/19/19 to discontin	izophrenia -Bipolar Type; ive Disorder; Intellectual le Intellectual Functioning; s included the following: repam (Klonopin) .5mg, - D (two times a day) to one in dal, 3mg, two times a day as agitation and an order dated nue the current order with a				
	change for the Risp two times a day plu agitation. - The July 2019 MA 1) Clonazepam .5m a day from 7/1 thru documented "D/C (7/11 thru 8/9. 2) Risperdal 3mg w administered as a l	berdal 3mg to be administered is 1 tablet as needed (PRN) fo AR documented: ng was administered two times 7/10. A handwritten notation (discontinued), None" from	r			
	discontinued. Additional review o revealed:	n 8/9/19 of Client #1's record				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL047-169	B. WING		08/	12/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
NULTICU	JLTURAL RESOURCE	S CENTER GROU	T 5TH AVENUE 20, NC 28376	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ige 2	V 118			
	Clonazepam .5mg July 2019 MAR beg - No order to comp Risperdal 3mg, two needed (PRN) for a - Due to lack of a d possible to determi being administered Review on 8/9/19 o - Admission date of - Diagnoses of Sch Post Traumatic Stre Disorder - Physician's orders medications to mar 1. Chlorpromazine agitation 2. Lorazepam 2mg agitation 3. Olanzapine 10m agitation (one from - Physician's orders medications to mar 1. Sumatriptan 100 onset 2. Ondansetron 4m hours for nausea Observation on 8/9 on hand revealed: - None of the above available to be adm	letely discontinue the times a day plus 1 tablet as agitation. iscontinue order, it was not ne if the medications were as ordered. f Client #2's record revealed: f 3/31/19 izophrenia; Bipolar Disorder; ess Disorder; Personality the following PRN hage behavior: 50mg, 1 and one half for g, One every 6 hours for g, One every 8 hours for acute all sources per day) s for the following PRN hage pain and nausea: mg, One tablet at headache ing (Zofran), One every 6 to 8 /19 of Client #2's medications e PRN medications were hinistered to the client in				
	result in a behavior nausea.	set of agitation which could nor at the onset of pain or 9 with the Facility Director				

TATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		NUL 047 400	B. WING			40/0040
		MHL047-169			08/	12/2019
AME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST T 5TH AVENUE			
ULTICU	ULTURAL RESOURCE	ES CENTER GROU	D, NC 28376	-		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRE	IMINAL HISTORY RECORD				
	APPLICANTS FOR	R EMPLOYMENT.				
		used in this section, the term				
		o an area authority/county rovider of mental health,				
		ability, and substance abuse				
		nsable under Article 2 of this				
	Chapter.	An offer of employment by a				
		nder this Chapter to an				
	applicant to fill a po	sition that does not require the	•			
		n occupational license is				
		sent to a State and national ord check of the applicant. If				
		een a resident of this State for				
	less than five years	s, then the offer of employment				
		onsent to a State and national				
		ord check of the applicant. The story record check shall				
		the applicant's fingerprints. If				
	the applicant has b	een a resident of this State for				
		then the offer is conditioned				
		ate criminal history record ant. A provider shall not				
		it who refuses to consent to a				
	5	ord check required by this				
		otherwise provided in this				
		ive business days of making r of employment, a provider				
	shall submit a requ	est to the Department of				
	Justice under G.S.	114-19.10 to conduct a				
		ord check required by this				
		omit a request to a private State criminal history record				
		his section. Notwithstanding				
	G.S. 114-19.10, the	e Department of Justice shall				
	return the results of	f national criminal history				

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHI 047 169	B. WING		0.9/	42/2040
		MHL047-169			08/	12/2019
AME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
IULTICI	JLTURAL RESOURCE	ES CENTER GROU	ST 5TH AVENUE RD, NC 28376	-		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 133	Continued From pa	age 4	V 133			
		employment positions not				
	covered by Public I					
		Ith and Human Services, Check Unit. Within five				
		eceipt of the national criminal				
	-	history of the person, the Department of Health				
	and Human Services, Criminal Records Check					
		e provider as to whether the				
		d may affect the employability				
	of the applicant. In no case shall the results of the national criminal history record check be shared		5			
	with the provider. Providers shall make available					
	upon request verific	cation that a criminal history				
		mpleted on any staff covered				
		ounty that has adopted an				
		rdinance and has access to ninal Information data bank				
		half of a provider a State				
		ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
		all commence with the State ord check required by this				
		business days of the				
		employment by the provider.				
		information received by the				
		ntial and may not be disclosed				
		cant as provided in subsection				
		For purposes of this m "private entity" means a				
		engaged in conducting				
		ord checks utilizing public				
	records obtained fr	om a State agency.				
		oplicant's criminal history				
		Is one or more convictions of				
		the provider shall consider all				
	hire the applicant:	tors in determining whether to				
		eriousness of the crime.				
	, ,					

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL047-169	B. WING	B. WING		12/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE	•	
NULTIC	ULTURAL RESOURCE	S CENTER GROU	T 5TH AVENUE D, NC 28376	E		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 133	Continued From pa	ge 5	V 133			
	 conviction. (4) The circumstance commission of the commission of the filled. (5) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and experson since the data (7) The subsequent a relevant offense. The fact of convictions shall not be a bar to listed factors shall to the a bar to listed factors shall to the provider disquer consideration of the provider may disclot the criminal history to the disqualification of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history is civil liability for: (1) The failure of the criminal history (2) Failure to check criminal offenses if history record chece compliance with thi (e) Relevant offense" relevant offense" relevant offense in federal criminal history 	berson at the time of the ces surrounding the crime, if known. reen the criminal conduct of job duties of the position to be probation, parole, employment records of the ate the crime was committed. t commission by the person of on of a relevant offense alone of employment; however, the be considered by the provider. Jalifies an applicant after e relevant factors, then the use information contained in record check that is relevant on, but may not provide a copy ory record check to the ty A provider and an officer rovider that, in good faith, section shall be immune from e provider to employ an usis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in				

	of Health Service Re					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
		MHL047-169	B. WING		08/12/2	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
NULTIC	JLTURAL RESOURCE	S CENTER GROU	5TH AVENUE 0, NC 28376	E		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLET DATE
V 133	Continued From pa	ge 6	V 133			
	persons needing m disabilities, or subs crimes include the of any of the following General Statutes: A Issuing Monetary S Endangering Execu Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage b Incendiary Device of and Other Housebr Other Burnings; Art Robbery; Article 18 False Pretenses an Obtaining Property Fraudulent Use of O Article 19B, Financi Act; Article 20, Frau 26, Offenses Again Decency; Article 26 Article 27, Prostituti 29, Bribery; Article 35, O Peace; Article 36A, Article 39, Protection Protection of the Fa Intoxication; and Ar Crime. These crime sale of drugs in viol Controlled Substan 90 of the General S offenses such as sa violation of G.S. 18 impaired in violatior G.S. 20-138.5.	for the safety and well-being of ental health, developmental tance abuse services. These criminal offenses set forth in Articles of Chapter 14 of the article 5, Counterfeiting and ubstitutes; Article 5A, ative and Legislative Officers; Article 7A, Rape and Other de 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary eakings; Article 15, Arson and icle 16, Larceny; Article 17, Embezzlement; Article 19, d Cheats; Article 19A, or Services by False or Credit Device or Other Means; fal Transaction Card Crime uds; Article 21, Forgery; Article st Public Morality and A, Adult Establishments; ion; Article 28, Perjury; Article 31, Misconduct in Public Offenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related es also include possession or ation of the North Carolina ces Act, Article 5 of Chapter Statutes, and alcohol-related ale to underage persons in B-302 or driving while n of G.S. 20-138.1 through shing False Information Any				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		NUL 047 400	B. WING		08/12/2019	
		MHL047-169			08/	12/2019
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST T 5TH AVENUE			
NULTICU	JLTURAL RESOURCE	ES CENTER GROU	RD, NC 28376	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	age 7	V 133			
	supplies, or otherw an employment app criminal history rec shall be guilty of a ((g) Conditional Emp employ an applicar obtaining the result check regarding the following requirement (1) The provider sh prior to obtaining th criminal history rec subsection (b) of the fingerprint cards as (2) The provider sh criminal history rec business days after conditional employe 2001-155, s. 1; 200	yment who willfully furnishes, ise gives false information on oblication that is the basis for a ord check under this section Class A1 misdemeanor. ployment A provider may at conditionally prior to s of a criminal history record e applicant if both of the ents are met: all not employ an applicant be applicant's consent for ord check as required in his section or the completed a required in G.S. 114-19.10. all submit the request for a ord check not later than five r the individual begins ment. (2000-154, s. 4; 04-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
	Based on record re facility management national criminal his requested within th	et as evidenced by: eviews and interviews, the nt failed to assure a State and story record check was e required time frame for 2 of essional staff (#1 & #2.) The				
	 Hire date of 7/31/ Criminal records of Carolina only. 	of Staff #1's record revealed: 18 check dated 6/26/18 for North rd check did not include a				

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL047-169	B. WING		08/	12/2019
	PROVIDER OR SUPPLIER	S CENTER GROU	DDRESS, CITY, ST T 5TH AVENUE			
(X4) ID	SUMMARY STA		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 133	Continued From pa	ige 8	V 133			
		is required for persons who ate for less than five years.				
		with Staff #1 revealed: state prior to moving to North state in 2017.				
	- No hire date.	of Staff #2's record revealed: n of a State and national ord check.				
	Interview on 8/12/1 confirmed the abov	9 with the Facility Director re findings.				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	Based on record re interviews, the facil assure the facility v orderly manner. Th	-				
	 Facility was licens Client capacity was 	of the facility license revealed: sed on March 18, 2018 as approved as a 5600A for ults with mental illness.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		NUL 0/7 /00	B. WING			40/00/0
		MHL047-169		· · · · · · · · · · · · · · · · · · ·	08/	12/2019
AME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST T 5TH AVENUE			
ULTIC	JLTURAL RESOURCE	IS CENTER GROU	D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 736	Continued From pa	ige 9	V 736			
	 Clients exited the smoke Clients were unabinside of the facilty from the inside. Interview on 8/9/19 revealed: The doors have site automatically locient of the doors cannot unlocked and must inside. They cannot be on a key. The local Fire Mark lock. Interview on 8/12/1 Section of DHSR resent a risk to cliefacility. Requested the Lice Construction unit restrict on the local Fire Mars and the local Fire Mark lock. 	/19 at 5:00 PM revealed: facility to go outside and ole to regain access to the without staff opening the door with the Facility Director pecial locks which cause them k upon exit from the facility. be set so they remain always be opened from the pened from the outside withour rshall required this type of 9 with the Construction evealed: s not required and may ents who get locked out of the censee check with the DHSR egarding their interpretation of nall's directive or have the loca ct DHSR Construction.	t			