

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2021
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NAME OF PROVIDER OR SUPPLIER MULTICULTURAL RESOURCES CENTER-GROUP HOI	STREET ADDRESS, CITY, STATE, ZIP CODE 2423 HIGHWAY 401 BUSINESS RAEFORD, NC 28376
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 26, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based</p>	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 107	<p>Continued From page 1</p> <p>upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have complete a personnel record affecting three of three audited staff (#1, #2, and #3). The findings are:</p> <p>Review on 10/22/21 of facility's record for Staff #1 revealed: - no specific position and/or hire date, no documentation that staff #1 met the minimum level of education required for the position. Review also revealed there was no documentation of a written job description that specified her duties and responsibilities. Review further revealed no evidence of staff #1's experience and other qualifications for the position.</p> <p>Review on 10/22/21 of facility's record for Staff #2 revealed:</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>- no specific position and/or hire date, no documentation that staff #2 met the minimum level of education required for the position. Review also revealed there was no documentation of a written job description that specified his duties and responsibilities. Review further revealed no evidence of staff #2's experience and other qualifications for the position.</p> <p>Review on 10/22/21 of facility's record for Staff #3 revealed:</p> <p>- no specific position and/or hire date, no documentation that staff #3 met the minimum level of education required for the position. Review also revealed there was no documentation of a written job description that specified his duties and responsibilities. Review further revealed no evidence of staff #3's experience and other qualifications for the position.</p> <p>During interview on 10/22/21 with the Facility's Coordinator confirmed that all of the staff records were at another location due to a previous audit a week prior to the annual survey. He did not have a reason for the files not being brought to the facility.</p>	V 107		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as</p>	V 108		

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V 108	<p>Continued From page 3</p> <p>delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have complete a personnel record affecting three of three audited staff (#1, #2, and #3). The findings are:</p> <p>Review on 10/22/21 of facility's record for Staff #1 revealed: -Staff #1 had no specific position and/or date of hire. -No documentation staff #1 had First Aid/CPR</p>	V 108		

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V 108	<p>Continued From page 4</p> <p>training.</p> <p>-No documentation of general organizational orientation.</p> <p>-No documentation of training on client rights and confidentiality.</p> <p>-No documentation of training to meet the mental health, developmental disabilities or substance abuse needs of client as specified in treatment/habilitation plan.</p> <p>-No documentation of training in infectious disease and bloodborne pathogens.</p> <p>Review on 10/22/21 of facility's record for Staff #2 revealed:</p> <p>-Staff #2 had no specific position and/or date of hire.</p> <p>-No documentation staff #2 had First Aid/CPR training.</p> <p>-No documentation of general organizational orientation.</p> <p>-No documentation of training on client rights and confidentiality.</p> <p>-No documentation of training to meet the mental health, developmental disabilities or substance abuse needs of client as specified in treatment/habilitation plan.</p> <p>-No documentation of training in infectious disease and bloodborne pathogens.</p> <p>Review on 10/22/21 of facility's record for Staff #3 revealed:</p> <p>-Staff #3 had no specific position and/or date of hire.</p> <p>-No documentation staff #3 had First Aid/CPR training.</p> <p>-No documentation of general organizational orientation.</p> <p>-No documentation of training on client rights and confidentiality.</p> <p>-No documentation of training to meet the mental</p>	V 108		

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V 108	Continued From page 5 health, developmental disabilities or substance abuse needs of client as specified in treatment/habilitation plan. -No documentation of training in infectious disease and bloodborne pathogens. During interview on 10/22/21 with the Facility's Coordinator confirmed that all of the staff records were at another location due to a previous audit a week prior to the survey. He did not have a reason for the files not being brought to the annual survey.	V 108		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally	V 113		

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V 113	<p>Continued From page 6</p> <p>responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure records were complete for four of four clients (#1, #2, #3, and #4). The findings are:</p> <p>Review on 10/22/21 of facility's record for Client #1 revealed: - no admission date, diagnosis, documentation of an identification face sheet, documentation of diagnosis coded according to DSM IV, documentation of the screening and assessment, treatment/habilitation or service plans, emergency information, permission to seek emergency care, consent for treatment and documentation of progress towards outcomes.</p>	V 113		

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V 113	<p>Continued From page 7</p> <p>Review on 10/22/21 of facility's record for Client #2 revealed: - no admission date, diagnosis, documentation of an identification face sheet, documentation of diagnosis coded according to DSM IV, documentation of the screening and assessment, treatment/habilitation or service plans, emergency information, permission to seek emergency care, consent for treatment and documentation of progress towards outcomes.</p> <p>Review on 10/22/21 of facility's record for Client #3 revealed: - no admission date, diagnosis, documentation of an identification face sheet, documentation of diagnosis coded according to DSM IV, documentation of the screening and assessment, treatment/habilitation or service plans, emergency information, permission to seek emergency care, consent for treatment and documentation of progress towards outcomes.</p> <p>Review on 10/22/21 of facility's record for Client #4 revealed: - no admission date, diagnosis, documentation of an identification face sheet, documentation of diagnosis coded according to DSM IV, documentation of the screening and assessment, treatment/habilitation or service plans, emergency information, permission to seek emergency care, consent for treatment and documentation of progress towards outcomes.</p> <p>During interview on 10/22/21 with the Facility's Coordinator confirmed that all of the clients records were taken out of the facility for an audit a week prior to the survey. He did not have a reason for the records remaining out of the facility.</p>	V 113		