` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			, a solebilito.					
MHL047-140			B. WING R 03/03/2022					
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MULTICUI	LTURAL RESOURCE CEI	NTER - GROUP HON	CE LANE					
		RAEFOR	D, 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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE			
V 000	V 000 INITIAL COMMENTS An annual and follow-up survey was completed on March 3, 2022. Deficiency cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness The survey sample consisted of audits of 3 current clients.		V 000					
V 536	27E .0107 Client Righ Int.	nts - Training on Alt to Rest.	V 536					
	10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with							
	employees, students demonstrate compete	nce by successfully						
	other strategies for cr	communication skills and eating an environment in f imminent danger of abuse						
	property damage is p	vith disabilities or others or revented. s shall establish training						
	based on state compe	etencies, monitor for internal onstrate they acted on data						
	(d) The training shall linclude measurable le							
		ritten and by observation of jectives and measurable passing or failing the						
	course.	training must be completed						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

MHL047-140 B. WING							
WII 1L047-140 U3/03/2022							
	2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 249 IOVCE LANE							
MULTICULTURAL RESOURCE CENTER - GROUP HON 249 JOYCE LANE RAEFORD, NC 28376							
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	(X5) COMPLETE DATE						
V 536 Continued From page 1 V 536							
by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation of initial and refresher training and the outcomes (pass/fall); (B) when and where they attended; and							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL047-140	B. WING		R 03/03/2022	
NAME OF PROVIDER OR SUPPLIER MULTICULTURAL RESOURCE CENTER - GROUP HON RAEFORD, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 536	(C) instructor's (2) The Division review/request this do (i) Instructor Qualificat Requirements: (1) Trainers shat by scoring 100% on trained at preventing, need for restrictive inf (2) Trainers shat by scoring a passing instructor training pro (3) The training competency-based, in objectives, measurable methods failing the course. (4) The content service provider plans approved by the Divist to Subparagraph (i)(5) (5) Acceptable shall include but are r (A) understanding) (B) methods for course; (C) methods for performance; and (D) documentat (6) Trainers shat teaching a training proveducing and eliminat interventions at least review by the coach. (7) Trainers shat aimed at preventing, and and the shall include at preventing, and and the shall include at preventing, and and the shall include at preventing, and and the preventing, and and the preventing, and the preventing and the preventing, and the preventing	name; n of MH/DD/SAS may ocumentation at any time. ations and Training all demonstrate competence esting in a training program reducing and eliminating the terventions. all demonstrate competence grade on testing in an gram. shall be nclude measurable learning le testing (written and by or) on those objectives and to determine passing or t of the instructor training the s to employ shall be sion of MH/DD/SAS pursuant	V 536			

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· ,		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
							R	
		MHL047-140		B. WING		03	/03/2022	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
MULTICUI	TURAL RESOURCE CE	NTER - GROUP HON	249 JOYCE RAEFORD,					
(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 536	REGULATORY OR LSC IDENTIFYING INFORMATION)		V 536					
	facility failed to ensur	ew and interviews, the re the House Manager h e use of alternatives to	ad					
	personnel record reverse - Hired date of 7/23/1		ning					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		B. WING					
		MHL047-140	ı		03/	03/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 249 JOYCE LANE							
MULTICU	LTURAL RESOURCE CE	NTER - GROUP HON	CE LANE 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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 536	expired 2/23/22. - There was no evided Interview on 3/3/22 w Professional/Facility (Confirmed the house expired. -The house manager training scheduled on Trainings were done	ith the Qualified Coordinator revealed: e manager's EBPI training was unable to attend 3/2/22. via zoom. would be scheduled for	V 536				

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