

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2022
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NAME OF PROVIDER OR SUPPLIER MULTICULTURAL RESOURCES CENTER GRO	STREET ADDRESS, CITY, STATE, ZIP CODE 5102 TURNPIKE ROAD RAEFORD, NC 28376
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was attempted on July 6, 2022. According to the Facility Director there are no clients being served at the facility. The facility has not served any clients since becoming licensed in March 2021.</p> <p>This facility is licensed is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>Observation of facility @ 10:45am revealed no clients or staff onsite.</p> <p>Interview on 7/6/22 with the Facility Director revealed there are no clients at the location. This location has not served any clients since receiving the license March 2021. He stated the hope is to get clients in the near future.</p>	V 000		

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