STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED		
MHL047-174		B. WING		07/08/2022		
NAME OF				CTATE ZID CODE	1 0170	O/LULL
NAME OF	PROVIDER OR SUPPLIER		BIA ROAD	STATE, ZIP CODE		
MULTIC	JLTURAL RESOURCE	S CENTER GROI	BRIDGE, NO	28357		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	Deficiencies were c					
	This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.					
	currently has a cens	sed for four licensed beds and sus of two. The survey f audits of 2 current clients.				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES  (a) A written fire pla area-wide disaster   shall be approved be authority.  (b) The plan shall be and evacuation pro- posted in the facility (c) Fire and disaste shall be held at leas repeated for each s under conditions the	n for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be to dill staff cedures and shall be conducted at simulate fire emergencies.				
	failed to conduct fire conditions that simu and for each shift.	view and interview, the facility e and disaster drills under ulate emergencies quarterly				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
MHL047-174		B. WING		07/08/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	-	
MULTIC	ULTURAL RESOURCE	S CENTER GROL	BIA ROAD BRIDGE, NO	28357		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	revealed: -7-1-22 @8am -6-1-22 @ 4:30pm -5-1-22 @ 11:30pm -4-1-22 @ 9am -3-1-22 @ 4pm -2-1-22 @ 11:45pm -1-1-22 @ 10am -There were no fire or 3rd shift for the 4 Review on 7/7/22 orevealed: -7-1-22 @ 8:30am -6-1-22 @ 5pm Tor -5-1-22 @ 12am Tor -4-1-22 @ 9:30am -3-1-22 @ 12:15am -1-1-22 @ 10:30am -There were no disa 2nd or 3rd shift for an are were no disa 2nd or 3rd shift for an are stated that fire completed in the hor-she had not comp during her shift.  Interview on 7/8/22 -She stated that fire completed monthly -Stated the drills are are communicated Professional, Facilian Interview on 7/7/22 - Professional reveal	drills performed for 1st, 2nd ath quarter of 2021.  If the facility's disaster drill log Tornado nado Tornado	V 114			

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STATE FORM 6899 FBF011 If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
MHL047-174		B. WING		07/08/2022		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MULTIC	ULTURAL RESOURCE	ES CENTER GROI	.BIA ROAD BRIDGE, NO	28357		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	every month by each -That notebook is we the home opened Countries -He was not sure we for October 2021- In the confirmed the fand disaster drills up to the confirmed the conf	ch shift.  where all dills were filed since  October 2021.  where the fire and disaster drills	V 114			
V 118	118 27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administering the drug. (5) Client requests for medication changes or		V 118			

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STATE FORM 6899 FBF011 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
		MHL047-174	B. WING		07/	08/2022
	PROVIDER OR SUPPLIER  ULTURAL RESOURCE	S CENTER GROI 6188 AR	DDRESS, CITY, S ABIA ROAD R BRIDGE, NO	STATE, ZIP CODE <b>28357</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	checks shall be rec file followed up by a with a physician.	corded and kept with the MAR appointment or consultation	V 118			
	interview the facility Medication Adminis current for two of tw The findings are:  Review on 7/7/22 o -Admission date of -Diagnoses of Mild	view, observation and refailed to ensure the stration Record (MAR) was wo audited clients (#1 and #2).  f Client #1's record revealed:				
	revealed: -Order dated 6/17/2 one tablet in the mo	/22 at 12:30pm of Client #1's d the following was available:				
	Review on 7/7/22 o 2022 revealed blan -Clonazepam 0.5m Review on 7/7/22 o -Admission date 3/2 -Diagnoses of Autis Intellectual Develop	f Client #1's MAR's for July ks on the following dates: g 7/1-7/7 at 8am. f Client #2's record revealed:				

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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		
		MHL047-174		B. WING		07/0	08/2022
	PROVIDER OR SUPPLIER ULTURAL RESOURCE	ES CENTER GROI	6188 ARA	DRESS, CITY, S ABIA ROAD BRIDGE, NO	STATE, ZIP CODE 2 28357		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 118	Dysregulation Disor Review on 7/7/22 or revealed: -Order dated 5/11/2 tablet three times a Observation on 7/7, medication revealed: -Benztropine 1mg. Review on /7/22 of 2022 revealed blan-Benztropine 1mg 7-Benztropine 1mg 7-Benz	e and Disruptive Modrder.  f Client #2's physicial 22 Benztropine 1mg-day.  /22 at 1:20pm of Clied the following was a Client #2's MARS' folks on the following day.  /1-7/6 at 8am, 3pm //7 at 8am.  with the Facility Directors were all provided hospital. Sible for writing out in the psychiatrist. In the psychiatrist. In the psychiatrist is a cility failed to ensure the stration Record was contact.	an's order Take one ent #2's evailable: or July ates: and 8pm. ector d upon structions ce had enot ee the	V 118			

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