

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/10/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MULTICULTURAL RESOURCES CENTER GRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>518 EAST 5TH AVENUE RAEFORD, NC 28376</b>
---	---

(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><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on February 10, 2023. The complaint was unsubstantiated (intake #NC 00198094). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for four beds and currently has a census of four. The survey sample consisted of audits of three current clients.</p>	V 000		
V 290	<p><b>27G .5602 Supervised Living - Staff</b></p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the</p>	V 290		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/10/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MULTICULTURAL RESOURCES CENTER GRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>518 EAST 5TH AVENUE RAEFORD, NC 28376</b>
---	---

(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 290	<p>Continued From page 1</p> <p>emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that there was a staff present with one of three audited clients (#1). The findings are:</p> <p>Review on 2/1/23 of Client #1's record revealed: -Admission date of 11/21/22. -Diagnoses of Schizoaffective Disorder, Intellectual Developmental Disability-Unspecified and Post Traumatic Stress Disorder.</p> <p>Interview on 2/1/23 with Client #1 revealed: -He was at the sister facility to complete his school assignment. -Staff and his housemates were present while</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/10/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MULTICULTURAL RESOURCES CENTER GRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>518 EAST 5TH AVENUE RAEFORD, NC 28376</b>
---	---

(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 290	<p>Continued From page 2</p> <p>staff checked the medication but later left. -No staff from his group home stayed with him while he completed his assignment.</p> <p>Interview on 2/2/13 with Staff #1 revealed: -She was not working the day Client #1 went to sister facility to complete his assignment. -She was informed the next day from another staff about the incident with Client #1 at the sister facility. -If homes were combined, could have been because one of the homes was short staffed. -She was not aware of any clients in the home having unsupervised time.</p> <p>Interview on 2/1/23 with the Facility Director revealed: -Staff did drop off Client #1 to complete school assignment. -Client #1 at the sister facility because internet services were down at his home. -He had just left the sister facility when Client #1 was present completing his school assignment. -The staff and other clients did not remain with Client #1 while at the sister facility. -Confirmed the facility failed to ensure there was a staff present with Client #1.</p>	V 290		