

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/14/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MULTICULTURAL RESOURCES CENTER-GRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2423 HIGHWAY 401 BUSINESS</b> <b>RAEFORD, NC 28376</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 3/14/23. The complaint was unsubstantiated (intake #NC00198093). 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> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p>	V 118		

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

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to: A) keep the Medication Administration Record (MAR) current affecting one of three audited current clients (#3) and B) ensure that medications were administered on the written order of a physician affecting one of three audited current clients (#3). The findings are:</p> <p>Review on 3/14/23 of client # 3's record revealed: -Admission date: 9/23/21. -Diagnoses of Schizophrenia; Tachycardia secondary to medications; Dyslipidemia; Vitamin D Deficiency; Hx of Anemia resolved on iron. Obesity.</p> <p>Review on 3/14/23 of physician's orders for client #3 revealed: Orders dated 1/23/21: -Clozapine 100 milligrams (mg), Take three tablets every night at bedtime. -Divalproex 500 mg, Take three tablets every night at bedtime. -Haloperidol 10 mg, Take one tablet every night at bedtime. -Trazodone 100 mg, Take one tablet at bedtime.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>May take 1 tab 2 hours after bedtime dose if first dose was not effective.</p> <p>Order dated 2/9/23: -Simvastatin 10 mg, take one tablet every night.</p> <p>There were no physician orders for: -Senna 8.6 mg, Take one tablet twice a day.</p> <p>Observation on 3/14/23 at 11:30 am of client #3's medications revealed: -All of the medications mentioned were available.</p> <p>Review on 3/14/23 of client #3's MARs for January 2023 through March 14, 2023 revealed:</p> <p>January 2023: -Senna 8.6 mg was initialed as administered daily from 1/1-1/31.</p> <p>February 2023: -Senna 8.6 mg was initialed as administered daily from 2/1-2/28.</p> <p>March 2023- -Senna 8.6 mg was initialed as administered daily from 3/1-3/14. -Clozapine 100 mg, no staff initials as administered on 3/13 at 8 pm. -Divalproex 500 mg, no staff initials as administered on 3/13 at 8 pm. -Haloperidol 10 mg, no staff initials as administered on 3/13 at 8 pm. -Trazodone 100 mg, no staff initials as administered on 3/13 at 8 pm. -Simvastatin 10 mg, no staff initials as administered on 3/13 at 8 pm.</p> <p>Interview on 3/14/23 with the Qualified Professional revealed:</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-There were no issues with client #3 taking his medications as prescribed.</li> <li>-He was unaware that there were no physician's orders for client #3's Senna.</li> <li>-Pharmacist informed him that since Senna was an over the counter medications, they just continued to fill it for the client. They were not able to say when the order was last prescribed.</li> <li>-Physician informed him that the order for Senna had been discontinued back in November of 2022.</li> <li>-They never received the discontinuation order for Senna for client #3 from his physician.</li> <li>-He thought staff forgot to sign off on the MARs to indicate the medication was administered on 3/13/23 for the evening medications for client #3.</li> <li>-He confirmed staff failed to keep the MARs current for client #3.</li> </ul> <p>Due to the failure to accurately document medication administration it could not be determined if client #3 received his medications as ordered by the physician.</p>	V 118		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 4</p> <p>which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> </ol>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 5</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 6</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (Staff #4) had current training in the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 3/14/23 of Staff #4's personnel file revealed: -Hire date of 10/5/21. -Hired as the Residential Specialist. -Last documented training on Alternatives to Restrictive Intervention expired on 10/4/22. -There was no updated documentation of training on alternatives to restrictive intervention.</p> <p>Interview on 3/14/23 with the Qualified Professional revealed: -The facility only used alternatives to restrictive intervention. -The facility used the Evidence Based Protective Interventions (EBPI) as its curriculum. -He confirmed Staff #4 did not have updated documentation of training on alternatives to restrictive intervention.</p>	V 536		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		



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V 736	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 3/14/23 at 11:45 am of the Dining area revealed: -Ceiling over the fan had a significant amount of dirt/lint covering it. -There was a baseball size crack next to the window.</p> <p>Observation on 3/14/23 at 11:55 am of the Client #2's Room revealed: -Paint on walls had faded and there were stains on them. -The Air Conditioning Vent on the floor was old and had significant rust on it.</p> <p>Observation on 3/14/23 at 11:57 am of Clients #3 and #4's Room revealed: -There was an unpainted patch-up work on the wall next to the window on the wall next to bathroom. -There was a crack line that stretched about 3 feet on the wall next to the bathroom door. -The Air Conditioning Vent on the floor was rusted. -The Linoleum flooring was coming off in front of the bathroom.</p> <p>Observation on 3/14/23 at 12:00 pm of the Bathroom inside Clients #3 and #4's room revealed: -Paint was chipping off from the wall behind the</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 9</p> <p>toilet.</p> <ul style="list-style-type: none"> <li>-Shower curtain was old, faded and stained.</li> <li>-Shower rod was rusted.</li> <li>-There was mold/mildew around the edges between the tub and the wall.</li> </ul> <p>Observation on 3/14/23 at 12:05 pm of the Living Room revealed:</p> <ul style="list-style-type: none"> <li>-Paint was chipping off from the walls.</li> </ul> <p>Observation on 3/14/23 at 12:10 pm of the Outside revealed:</p> <ul style="list-style-type: none"> <li>-Fence around the property had several panels down or broken.</li> <li>-Crawl space cover was missing. A large piece of plywood was being propped up to cover the hole with a 2 X 4 piece of wood.</li> <li>-There were fallen branches on the front, right corner of the backyard.</li> <li>-Old wood debris was on the left corner of the property.</li> <li>-Front door had a dent/crack that was about 3 inches long on it.</li> </ul> <p>Interview 3/14/23 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-They were aware of some of the things identified.</li> <li>-Facility rented the property and had had some difficulties having the Landlord do the necessary repairs.</li> <li>-They had a maintenance person fixing some of the things that they were responsible for.</li> <li>-Facility purchased a new place and may be moving to the new site in the near future.</li> <li>-He was aware that the facility would need to let Health Services Regulation know about the transfer prior of them moving.</li> <li>-He acknowledged that the facility failed to ensure facility grounds were maintained in a clean, safe</li> </ul>	V 736		

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