STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R-C 08/29/2023		
		MHL047-166					
			DDRESS, CITY, ST				
	TROVIDER OR SOFFEIER		GHWAY 401 BU				
IULTICU	JLTURAL RESOURCE	S CENTER-GRO	RD, NC 28376				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
∨ 000	INITIAL COMMENTS		V 000				
	A complaint and follow up survey was completed on August 29, 2023. The complaint was unsubstantiated (intake #NC00204519). Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.						
		sed for four and currently has he survey sample consisted c client.	of				
V 289	27G .5601 Supervis	sed Living - Scope	V 289				
	provides residential home environment these services is th rehabilitation of indi illness, a developm or a substance abu supervision when ir	ng is a 24-hour facility which services to individuals in a where the primary purpose of e care, habilitation or ividuals who have a mental ental disability or disabilities, se disorder, and who require in the residence. <i>v</i> ing facility shall be licensed if					
	<ul> <li>(1) one or mo</li> <li>(2) two or mo</li> <li>Minor and adult clies</li> <li>same facility.</li> <li>(c) Each supervise</li> </ul>	ore minor clients; or ore adult clients. onts shall not reside in the od living facility shall be					
	designated below: (1) "A" design serves adults whos illness but may also	specific population as nation means a facility which e primary diagnosis is mental have other diagnoses; nation means a facility which					
	serves minors who	se primary diagnosis is a bility but may also have other					

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Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:	A. BUILDING:		R-C 08/29/2023	
		MHL047-166				
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, SI	TATE, ZIP CODE		
			SHWAY 401 BU	ISINESS		
IULIICU	JLTURAL RESOURCE	ES CENTER-GRO RAEFOR	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 OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	TION SHOULD BE COMPLI	
V 289	Continued From pa	age 1	V 289			
	serves adults whose developmental disa diagnoses; (4) "D" desig serves minors who substance abuse d other diagnoses; (5) "E" desig serves adults whose substance abuse d other diagnoses; or (6) "F" desig private residence, w three adult clients w mental illness but n disabilities, or three clients whose prima developmental disa other disabilities wh family provides the exempt from the fo .0201 (a)(1),(2),(3), (A),(B),(E),(F),(G),( (18) and (b); 10A N (i); 10A NCAC 27G (a),(b); 10A NCAC 27G .0208 (b),(e); non-prescription m (1)(A),(D),(E);(f);(g) (b)(2),(d)(4). This f	nation means a facility in a which serves no more than whose primary diagnoses is nay also have other a adult clients or three minor				

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Division of Health Service Regulation         STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         MHL047-166			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING			R-C 08/29/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
NULTICU	JLTURAL RESOURCE	S CENTER-GRO	HWAY 401 BU D, NC 28376	JSINESS		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 289	Continued From pa	ge 2	V 289			
	facility failed to ope license affecting 3 of #3). The findings a Review on 8/16/23 -Licensed for 10A N Living for Adults with Observation on 8/1	views and interviews the rate within the scope of its of 3 current clients (#1, #2 and ire: of facility records revealed: NCAC 27G. 5600A Supervised				
	Interview on 8/16/2 -Sometimes other of went to one anothe	dining room table did not				
	-Client was at the fa	3 with staff #1 revealed: acility because staff had called e of when the client would				
	revealed: -Client was at the h with another client s -The client resided 10A NCAC 27G .56 Adults with Develop	at a sister facility licensed for 600C Supervised Living for oment Disabilities. lity failed to operate within the				

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