STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL047-174	A. BUILDING: _____ B. WING _____	R 08/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MULTICULTURAL RESOURCES CENTER GRO(	6188 ARABIA ROAD LUMBER BRIDGE, NC 28357

(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	INITIAL COMMENTS An annual, complaint and follow up survey was completed on August 29, 2023. The complaint survey was unsubstantiated (intake #NC0025741). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for four and currently has a census of three. The survey sample consisted of audits of 3 current clients.	V 000		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to complete psychotropic drug review for one of three audited clients (#2) who received psychotropic drugs. The findings are:	V 121		

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V 121	Continued From page 1 Review on 8/24/23 of client #2's record revealed: -Admission date of 6/17/22. -Diagnoses of Schizoaffective Disorder and Mild Intellectual Developmental Disability. -There was no evidence of a current six-month psychotropic drug review. Review on 8/24/23 of client #2's physician's order dated 5/24/23 revealed: -Quetiapine 200 milligram (mg)- Take 1 tablet during the day. -Clozapine 50mg- Take 1 tablet three times a day -Clozapine 200mg- Take 1 tablet at bedtime (take with 50mg) -Quetiapine 300mg- Take 1 tablet at bedtime -Trazodone 150mg- Take 1 tablet at bedtime -Invega Sust Injection 234mg/1.5 ml- Inject 1.5ml (234mg) intramuscularly every 3 weeks. Review on 8/24/23 of client #2's MARS for the months of June 2023 through August 24, 2023 revealed: -Client #2 was administered the above medications from June 2023 through August 24, 2023. Interview on 8/24/23 with the Facility Director revealed: -Client #2 just had an appointment this morning and staff should have brought back documentation. -Staff that attended the appointment with clients were responsible for ensuring the documentation is completed and returned back to the facility to file in their records. -He confirmed the psychotropic drug review for client #2 was not completed.	V 121		