

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: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/20/2024
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NAME OF PROVIDER OR SUPPLIER MULTICULTURAL RESOURCES CENTER-GRO	STREET ADDRESS, CITY, STATE, ZIP CODE 2423 HIGHWAY 401 BUSINESS RAEFORD, NC 28376
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on February 20, 2024. 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>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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> <p>(E) name or initials of person administering the drug.</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1</p> <p>(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 records review, interview, and observation, the facility failed to A) administer medications as ordered by the physician, maintain an accurate MAR and ensure medications were available affecting one of three audited clients (#2) and B) ensure medications were administered by an unlicensed person trained by a registered nurse or pharmacist for 1 of 3 staff (#4). The findings are:</p> <p>Review on 2/20/24 of client #2's record revealed: -Admission date of 1/29/24. -Diagnoses of Schizoaffective Disorder, Bipolar Type; Cannabis Dependence, in Remission; Alcohol Use Disorder, Severe, in Sustained Remission.</p> <p>Review on 2/20/24 of client #2's physician's orders dated 11/28/23 revealed: -Divalproex Sodium 500 milligrams (mg)- Take two tablets in the morning. -Vitamin D3 1000 units- Take one capsule daily. -Olanzapine 15 mg- Take one tablet twice daily.</p> <p>There were no orders for the following medications: -Vitamin B-1 100 mg- Take one tablet daily. -Divalproex Sodium 500 mg- Take two tablets</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>(1000 mg) in the evening for mood. -Melatonin 3 mg- Take one capsule at bedtime. -Lithium Carbonate 300 mg- Take one capsule twice daily.</p> <p>Observation on 2/20/24 of client #4's medications revealed: -Divalproex Sodium 500 mg- Take two tablets in the morning was available. -All other medications mentioned were not available.</p> <p>Review on 2/20/24 of client #4's MAR for February 2024 revealed staff had not initialed the MAR to indicate the medication had been administered on the following dates: -Divalproex Sodium 500 mg- 2/15, 2/16. -Vitamin D3 1000 units- 2/9-2/11; 2/13-2/20. -Olanzapine 15 mg- (8am)- 2/4-2/19; (8pm)- 2/3-2/19 -Vitamin B-1 100 mg- 2/5-2/20. -Divalproex Sodium 500 mg- 2/7-2/19. -Melatonin 3 mg- 2/6-2/7, 2/9-2/19. -Lithium Carbonate 300 mg- (8am)- 2/7-2/10, 2/13-2/19; (8pm)- 2/7-2/19.</p> <p>Review on 2/20/24 of www.webmd.com revealed: -Divalproex Sodium- was used to treat manic episodes of bipolar disorder. -Vitamin D3 was used as a supplement. -Olanzapine was used to treat Schizophrenia. -Vitamin B-1 was used as a supplement. -Melatonin was used as a sleep aid. -Lithium Carbonate was used to treat manic episodes of bipolar disorder.</p> <p>Review on 2/20/24 of staff #4's personal record revealed: -She was hired on 4/14/22. -She was hired as a residential specialist.</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -There was no documentation that staff #4 received training by a registered nurse or pharmacist to administer medications. <p>Interview on 2/20/24 with client #4 revealed:</p> <ul style="list-style-type: none"> -Staff gave him his medications. <p>Interview with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Client #2 just arrived at the group home at the end of January. -They had been having an issue in obtaining his medications and linking him to an Assertive Community Treatment Team (ACTT). -He was supposed to have been linked with a local Daymark ACTT. He was getting ACTT in Moore county from Daymark. -His Vaya care coordinator was supposed to have had everything in place. -He had an appointment to link him with Daymark ACTT services locally, but when they showed, they were told that they did not have any openings. -They then gave him an appointment for medication management. He was going today at 1 pm. -Qualified Professional Reported going back and forth with client #4's care coordinator from Vaya about the needed documentation and services. -He realized that they should have had client #2's actual medication orders when he first started. -Daymark should also had given them an appointment for medication management sooner. -Client #2's medications ran out and they were awaiting for his appointment to refill them. -Client #2 would get back on his daily medications today. -Acknowledged that the group home may had needed to be more firm with client #2's care coordinator regarding obtaining all of his required documentation prior of him moving into his home; 	V 118		

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V 118	Continued From page 4 because ultimately, he was responsible for him now that he was at the group home. -He acknowledged that some of client #2's medications were administered without having the physician's orders. -He was not aware that some of staff #4's information was not in her folder.	V 118		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (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 which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (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. (e) Formal refresher training must be completed by each service provider periodically (minimum annually).	V 536		

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V 536	<p>Continued From page 5</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"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may 	V 536		

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V 536	<p>Continued From page 6</p> <p>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> <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>	V 536		

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V 536	<p>Continued From page 7</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> <p> </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> </p> <p>Review on 2/20/24 of Staff #4's personnel file revealed: -Hire date of 4/14/22. -Hired as a Residential Specialist. -Last documented training on Alternatives to</p>	V 536		

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V 536	Continued From page 8 Restrictive Intervention expired on 4/9/23. -There was no updated documentation of training on alternatives to restrictive intervention. Interview on 2/20/24 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.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, orderly and attractive manner. The findings are: Observation on 2/20/24 at about 11:50 am of the Dining Room Area revealed: -Paint/Drywall on wall next to the lower right corner of window was cracked and chipping off. Observation on 2/20/24 at about 11:58 am of Client #4's room revealed: -Screen from window was bent and broken in the middle. Observation on 2/20/24 at about 12:05 pm of	V 736		

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V 736	<p>Continued From page 9</p> <p>clients #1 and #2's bedroom revealed: -Smoke detector was hanging from it's wire and chirping.</p> <p>Observation on 2/20/24 at about 12:10 pm of the Half Bathroom revealed: -Toilet was not operating. Had sign on it indicating not to be used.</p> <p>Observation on 2/20/24 at about 12:15 pm of Outside of the facility revealed: -Front door- Wood from front panel was soft and cracked in the middle. -Back- There was a basketball hoop that seemed not to be in operating conditions tipped down. -There were six plastic panels each measuring about 3 feet by 5 feet on the floor.</p> <p>-Agency rented the facility. Landlord was responsible for making large repairs. -He had not been by the group home recently. -Regarding toilet, reported that a client had been over stuffing the toilet with paper, rags and other items. This had caused the septic tank to overflow. -They had been going there to take care of issue of septic tank and toilet. -They decided to close the toilet until it got fully fixed. -Understood that if issue with septic tank continued, it would become a health issue. -He believed the panels in the back of the house may had been from when they made repairs to the full bathroom and may had been extra panels from the shower. -He acknowledged the facility was not maintained in a safe, clean, orderly and attractive manner.</p>	V 736		