

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>R-C 04/16/2024</b>
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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>
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(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>A complaint and follow up survey was completed on 4/16/24. The complaint was unsubstantiated (intake #NC00214404). A deficiency was 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>The 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 291	<p><b>27G .5603 Supervised Living - Operations</b></p> <p><b>10A NCAC 27G .5603 OPERATIONS</b></p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices,</p>	V 291		

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

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V 291	<p>Continued From page 1</p> <p>needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews, and observation, the facility failed to ensure service coordination was maintained with other professionals responsible for treatment affecting 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 4/16/24 of client #3's record revealed :</p> <ul style="list-style-type: none"> <li>-Admissions date of 1/26/24.</li> <li>-Diagnoses of Schizophrenia.</li> <li>-1 Metformin tablet (tab) (high blood sugar levels) to be administered daily.</li> <li>-1.5 Metoprolol Tartrate tab (high blood pressure) to be administered twice a day.</li> <li>-2 Atropine Sulfate Solution drops (drooling) under the tongue 3 times a day.</li> <li>-1 Atorvastatin tab (lower chlosterol) to be administered daily.</li> <li>-1 Niacin Extended-Release tab (lower chlosterol) to be administered daily.</li> <li>-Physician's order dated 2/1/24.</li> </ul> <p>Review on 4/16/24 of client #3's Medication Administration Record (MAR) for April 1 - 16, 2024 revealed:</p> <ul style="list-style-type: none"> <li>-Metformin and Metoprolol Tartrate had the letter D (not available) documented on the MAR for 11 days.</li> <li>-Atropine Sulfate Solution had the letter D documented on the MAR for 3 days.</li> <li>-Atorvastatin had the letter D documented on the</li> </ul>	V 291		

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V 291	<p>Continued From page 2</p> <p>MAR for 6 days. -Niacin Extended-Release had the letter D documented on the MAR for 3 days.</p> <p>Observation of client #3's medications on 4/16/24 at approximately 10:30 a.m. revealed: -The facility failed to have medications available for client #3.</p> <p>Interview on 4/16/24 with staff #2 revealed: -She was aware that client #3's medications were not available. -The medications were not available due to an issue with client #3's medical insurance. -The medications documented with the letter D meant that client #3's medications were not available. -The Director/Qualified Professional (QP) would follow-up with client #3's medication issue.</p> <p>Interview on 4/16/24 with the Director/QP revealed: -The facility was unable to get client #3's medication refilled. -When client #3 was admitted the medical provider used by the facility would not accept him as a new patient because the medical provider's name was not listed on client #3's medical insurance card. -The facility's medical process was new to the facility. -Client #3's medical insurance had changed and it was required that the provider's name was on the medical insurance card. -There was a conflict with client #3's secondary medical insurance. -He should have taken care of the issue sooner.</p>	V 291		