		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED C	
		MHL047-166	B. WING			C 12/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IULTICU	ILTURAL RESOURCE	S CENTER-GRO	HWAY 401 BU	SINESS		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF		
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	A complaint survey was completed on August 12, 2024. The complaints were unsubstantiated (intake #NC00219684, #NC00220170, #NC00219254). A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.					
		sed for 4 and has a current urvey sample consisted of clients				
∨ 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 I 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				
	 (1) one or mo (2) two or mo Minor and adult clies same facility. (c) Each supervise 	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 (2) "B" design	specific population as nation means a facility which e primary diagnosis is mental b have other diagnoses; nation means a facility which				
		se primary diagnosis is a bility but may also have other				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMB MHL047-166		IDENTIFICATION NUMBER:	A. BUILDING: B. WING		C 08/12/2024	
		MHL047-166				
AME OF I	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE			
		2423 HIG	HWAY 401 BU			
IULTICU	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 ACTI CROSS-REFERENCED TO T DEFICIENC ¹	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
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" design serves adults whose substance abuse d other diagnoses; or (6) "F" design 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 NCAC 27G .0208 (b),(e); non-prescription me (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				

GY4811

If continuation sheet 2 of 3

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			C 08/12/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
MULTIC	JLTURAL RESOURC	ES CENTER-GRO	HWAY 401 BU D, NC 28376	JSINESS		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	TION SHOULD BE CON THE APPROPRIATE D	
V 289	Continued From pa	age 2	V 289			
	Based on observati failed to ensure resprovided in a home are: Observation of livir approximately 9:00 -4 white plastic pat -1 - wooden coffee Observation of livir approximately 10:0 -5 wicker chairs wi -1 -wooden coffee Interview on 7/25/2 Coordinator/Qualif -The plastic chairs during the "early pareplaced. -The couch and re -A set of chairs we the facility in a "few Interview on 7/25/2 -He changed two s stains and soil. -It was expensive to seating profession -He was going to b "universal," on 8/6/	tio/outdoor chairs. a table. Ing room on 8/2/24 at 20 am revealed: th metal arms and legs. table. 24 with the Facility ied Professional (QP) revealed were placed in the facility art of July" while awaiting to be cliner were stained. re ordered and should arrive at v days." 24 with the Director revealed: sets of living room sets due to to continuously have the ally cleaned. oring in wicker home furniture, (24 (Tuesday). y" have the universal furniture				

GY4811