

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-169	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2024
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NAME OF PROVIDER OR SUPPLIER MULTICULTURAL RESOURCES CENTER GROU	STREET ADDRESS, CITY, STATE, ZIP CODE 518 EAST 5TH AVENUE RAEFORD, NC 28376
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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>INITIAL COMMENTS</p> <p>A annual was attempted on October 8, 2024. According to the representative there are no clients being served at the facility. The last time clients were served at the facility was August 6, 2024.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>Interview with the representative: Observation - There were no vehicles parked in the driveway and the exterior of the facility appeared to be neat in appearance. The lawn was maintained.</p> <p>There were no clients being served at the facility. Clients were last served August 6, 2024. The facility was reclassified as 5600C on September 10, 2024. The representative anticipated clients on the 3rd or 4th week of October 2024.</p>	V 000		

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