STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL047-179	A. BUILDING: _____ B. WING _____	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MULTICULTURAL RESOURCES CENTER GRO(	5102 TURNPIKE ROAD RAEFORD, NC 28376

(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 survey was completed on October 7, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to develop and implement strategies to meet the needs of one of three current clients (#1). The findings are:

Review on 10/3/24 of client #1's record revealed:
-Admission date of 1/26/23.
-Diagnoses of Mild Intellectual Developmental Disability; Presence of other heart-valve replacement; Impulse Disorder-Unspecified; Antisocial Personality Disorder; Anxiety Disorder.

-Client #1's Individualized Support Plan (ISP) dated 2/1/24 did not have strategies to address walking away from the facility.

Review of the North Carolina Incident Response Improvement System (IRIS) on 10/3/24 revealed:
-8/1/24: "[Client #1] became argumentative and verbally aggressive towards staff when notified he could not remove items from the home to use outside to entertain an unknown visitor he wanted to visit with. [Client #1] walked away from the facility and staff contacted Hoke County Sheriff for assistance with [client #1]. Hoke County Sheriff located and returned [client #1] to the facility without any harm or need for medical attention. Once Sheriff departed, [client #1] started walking back and forth from the home into the roadway. [Client #1] ignored request by staff to stop walking into the road as it was unsafe.

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V 112	Continued From page 2 Staff member went to Hoke County magistrate office and took out order to have consumer IVC'd (involuntarily committed) for safety and assessment for behavior. Hoke County Sheriff later returned and transported consumer to Cape Fear Valley Hoke Annex ER (Emergency Room)." -9/24/24: "[Client #1] was agitated following a phone conversation with his brother. [Client #1] stated that he was upset with hearing his brother say things that reminded him of things he did when he was his brothers age. He noticed a cycle of behaviors. When staff approached him about cleaning his room, [client #1] became verbally aggressive and yelled at staff and walked away from the facility. Staff contacted The Hoke County Sheriff for assistance with locating [client #1]. Sheriff located [client #1] and returned him to the facility and [client #1] then stated that he was experiencing chest pains. Sheriff contacted EMS for transport to First Health Hoke ER (Emergency Room) for evaluation. [Client #1] was later discharged back to the facility without any medication changes. [Client #1] currently has appointment with cardiologist for Thursday, 09/26/2024." Review on 10/3/24 of in-house incident reports for client #1 revealed: -8/1/24 - "[Client #1] had a conversation with the [Director] about having the neighbors over at the [facility]. [Client #1] didn't like the answer so after the call [client #1] told staff F [Director], he's still going over. [Staff #4] told [client #1] that he's not suppose to do that. [Client #1] then said he was walking off and turned right out the driveway. [Staff #4] called 911 (emergency services) & [Director] & [Facility Coordinator] to report it. Once the sheriff dropped [client #1] back off, he then told [staff #4] & sheriff he was going to walk back off once it gets dark. [Staff #4], [Director] & the sheriff spoke to [client #1]. [Client #1]	V 112		

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V 112	Continued From page 3	V 112		

remained upset and started vaping inside the house. Then [client #1] started calling [staff #4], [Director] & [Facility Coordinator] n****s. [Client #1] also refused 8 pm meds (medications) as well as dinner. "

-9/24/24 - "Around 4:30pm when [client #1] came home, [Staff #4] asked him to clean his room, closet & bathroom. [Client #1] responded I will do it after 5pm. [Staff #4] left [client #1] him alone. Then when asked again he said f**k this group home and he aint doing s**t and [Director] should be cleaning because he has his money. [Staff #4] told him she had nothing to do with that and the room still needs to be cleaned, [client #1] responded watch he don't do shit. [Staff #4] said ok I will put it down as a refusal. [Client #1] got up said f**k this grabbed his bookbag and walked off. Police was called."

Interview on 10/7/24 with client #1 revealed:
-He left the facility when he became agitated.
-He was agitated when he got off the phone with his brother on 9/24/24.
-He walked away from the facility because he was agitated by a phone call and because staff #4 asked him to complete his chores.
-He walked away from the facility when agitated with peers and staff.
-He walked "down the road until the police came."
-He told staff he was leaving and "just walk off."
-Staff notified the police when he walked away from the facility.
-The police followed him and transported him back home.

Interview on 10/7/24 with staff #1 revealed:
-Client #1 walked away from the facility when he was directed to complete his chores or anything that he chose not to do.

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V 112	Continued From page 4 -She redirected client #1 and calmed him down by redirecting him based on strategies from his Individual Support Plan (ISP). -Client #1 left the day program irritated and remain irritated after his arrival at the facility. -Client #1 was upset with other clients and threatened to have them removed from the facility. -Client #1 told her that he was walking away from the facility. -She notified the police when client #1 walked away from the facility. - Client #1 left the facility and the police brought him back to the facility in fifteen minutes. -Client #1 apologized and completed his chores when he returned to the facility. -He was upset after a phone call with his brother on 9/24/24 and threatened to have the facility closed and have her terminated. Interview on 10/3/24 with the Qualified Professional (QP) revealed: -He was aware of the incidents (8/1/24 and 9/24/24) regarding client #1 walking away from the facility. -Staff would call the police when client #1 walked away from the facility. -He was responsible for integrating strategies regarding client #1 walking away from the facility in the ISP. -He acknowledged that strategies to address client #1 walking away from the facility were not documented in the ISP.	V 112		