PRINTED: 03/03/2025 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-140 NAME OF PROVIDER OR SUPPLIER STREET ADI			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 02/27/2025	
		MHL047-140				
		DRESS, CITY, ST	TATE, ZIP CODE			
NULTICU	ILTURAL RESOURCE	ES CENTER - GR(249 JOYC				
		RAEFORI	D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLE	
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on February 27, 2025. 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 6 and currently has a urvey sample consisted of clients.				
V 289	27G .5601 Supervised Living - Scope		V 289			
	provides residential home environment these services is the rehabilitation of indi- illness, a developm or a substance abu- supervision when in (b) A supervised live the facility serves et (1) one or mod (2) two or mod Minor and adult clies same facility. (c) Each supervised licensed to serve a designated below: (1) "A" design serves adults whos illness but may also (2) "B" design serves minors whose developmental disa	ng is a 24-hour facility which 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. ving facility shall be licensed if				
vision of H	diagnoses; (3) "C" design	nation means a facility which				

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		MHL047-140				
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IULTICI	JLTURAL RESOURC	ES CENTER - GR(CE LANE RD, NC 28376			
(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'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 289	Continued From pa	age 1	V 289			
	developmental disa diagnoses; (4) "D" desig serves minors who substance abuse of other diagnoses; (5) "E" desig serves adults who substance abuse of other diagnoses; of (6) "F" desig private residence, three adult clients three adult clients of mental illness but of disabilities, or three clients whose prim developmental disa other disabilities w 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 m (1)(A),(D),(E);(f);(g (b)(2),(d)(4). This	nation means a facility in a which serves no more than whose primary diagnoses is may also have other e adult clients or three minor				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 02/27/2025	
		MHL047-140				
	ROVIDER OR SUPPLIER		DDRESS, CITY, ST		02/	21/2025
		249 JOY	CE LANE			
	LTURAL RESOURC	ES CENTER - GRI RAEFOR	RD, NC 28376			
X4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 289	Continued From page 2		V 289			
	failed to ensure residential services were provided in a home environment. The findings are:					
	Observation of living room on 2/25/25 at approximately 10:00 am revealed: -Den area - 6 wooden high bar stools. -Dining Room area - 6 patio chairs at dining room table.		1			
	-The clients ruined dining room areas.	Professional (QP) revealed: the furniture in the den and dining room chairs were				

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