

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/18/2026
NAME OF PROVIDER OR SUPPLIER MULTICULTURAL RESOURCES CENTER GRO		STREET ADDRESS, CITY, STATE, ZIP CODE 6188 ARABIA ROAD LUMBER BRIDGE, NC 28357		
(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 and follow up survey was completed on March 18, 2026. 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 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 108	Continued From page 1 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on records reviews and interviews the facility failed to ensure one of three audited staff (#4) had current training in First Aid. The findings are: Review on 3/17/26 of Staff #4's personnel record revealed: -Hire date of 11/5/25. -She was hired as a Residential Specialist. -There was a certificate from the American Red Cross indicating completion of the Basic Life Support - Cardiopulmonary Resuscitation (CPR) and automated external defibrillator (AED) training. -No First Aid training. Interview on 3/17/26 with Staff #4 revealed: -She had only completed the CPR training. -She had not completed the First Aid training. Interview on 3/17/26 with the Facility Director revealed: -It was his mistake. -Staff #4 had presented him the certificate from the American Red Cross indicating she had completed the Basic Life Support- CPR/AED training.	V 108		

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V 108	Continued From page 2 -He thought Staff #4's certification on Basic Life Support included First Aid. -Staff #4 primarily worked 1st or 2nd shift which made her be the only staff working with the clients at the facility during the shift. -He would schedule Staff #4 for a First Aid training. -He acknowledged Staff #4 had not completed training on First Aid.	V 108			