STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL047-140	A. BUILDING: _____ B. WING _____	R 05/05/2026

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MULTICULTURAL RESOURCES CENTER - GR(	249 JOYCE LANE 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 and follow up survey was completed on May 5, 2026. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients. A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.	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	V 112		

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V 112	Continued From page 1 responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement a goal and strategies to meet the needs affecting one of three audited current clients (#2). The findings are: Review on 4/29/26 of client #2's record revealed: -Admission date of 5/19/25. -Diagnosis of Schizophrenia. -Person Centered Plan (PCP) dated 5/5/25 and updated on 11/5/25. -The PCP had no goal and strategies to address client #2 eloping from the facility. Review on 5/1/26 of a notice of discharge dated 4/12/26 revealed: -"This letter is following up and providing written notification of Multicultural Resources Center, Inc. decision to discharge [client #2] from out Group Home facility within the next 30 days...This decision is made based on the increased elopements and ER (Emergency Room) visits [client #2] has recently had for his own personal desires and not for medical necessity..." Review on 4/30/26 of the North Carolina (NC)	V 112		

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V 112	Continued From page 2 Incident Response Improvement System (IRIS) revealed: -4/28/26-"[Client #2] walked away (eloped) from the group home (facility) and ran into the wooded area surrounding the facility when staff attempted to follow [client #2] and try to get [client #2] to return to the home (facility). Staff contacted the [local county Sheriff's Department] to assist with locating [client #2] through the woods." -4/18/26-"[Client #2] was outside smoking a cigarette with other consumers at the group home (facility) and started walking away (eloped) from the group home (facility). Staff called after [client #2] for him to return to the group home (facility), but his calls were ignored. Staff contacted [local county Sheriff's Department] to assist with [client #2] for his safety." -4/8/26-"[Client #2] spoke briefly with staff about feeling like leaving the facility wanting to find him somewhere else to live believing he should be living independently. Staff stated to [client #2] that this is a conversation that should be discussed with [client #2's guardian] so he can have the necessary supports put in place to be successful. [Client #2] then stormed out of the office and walked away (eloped) from the facility ignoring the prompts by staff for him to return to the facility. Staff contacted [local county Sheriff] for support in locating [client #2]." -4/4/26-"[Client #2] walked away (eloped) from the facility following disagreement with staff over breakfast leftovers that belonged to another client. Staff contacted [local county Sheriff's Department] after [client #2] refused to return to the facility as staff followed him down the hill of the property. [Client #2] eventually ended up at [local hospital] Emergency Room (ER) where he was evaluated and placed on discharge back to the group home (facility)."	V 112		

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V 112	Continued From page 3 -4/3/26-"[Client #2] recently returned from the ER today following delusional claims of having his food poisoned and he has walked off (eloped) from the facility. Staff has contacted [local county Sheriff] to assist with locating [client #2]. [Local county Sheriff] located [client #2] in the wooded area going down the road from the facility and had Emergency Medical Services (EMS) come out to take [client #2] to hospital ER for assessment." -3/5/26-"[Client #2] was agitated and exhibiting bizarre behaviors following return from ER visit last night. [Client #2] has been eating candy and drinking sodas during the night which has him extremely excited. [Client #2] was verbally aggressive towards staff and making verbal threats before going into his room and packing his things and left the facility. Staff contacted [local county Sheriff] to make them aware of this elopement. [Client #2] was taken in at [local hospital] ER for assessment." -2/18/26-"[Client #2] was upset with another consumer who would not give him any of his sodas. [Client #2] started cussing at the other consumer and staff and then walked away (eloped) from the group home (facility). Staff contacted [local county Sheriff] to assist with locating [client #2]. [Client #2] was found hiding in the wooded area leading down the road of the group home (facility). [Client #2] returned to the group home (facility) without any need for medical attention." -2/7/26-"[Client #2] walked away (eloped) from the facility stating that he was going to the hospital to be checked out by a doctor. Staff contacted [local county Sheriff] for assistance and was notified that they had picked up [client #2] form [local store] laying out on the ground in front of the store asking to get help to get to the hospital."	V 112		

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V 112	Continued From page 4 -12/5/25-"[Client #2] was speaking out loud and displaying increased agitation as he packed a backpack and walked away (eloped) from the group home (facility) ignoring attempts and prompts by staff for him to remain in the facility. Staff contacted [local county Sheriff] for assistance locating [client #2]. [Local county Sheriff] located and transported [client #2] to [local hospital] ER as [client #2] refused to return back to the group home (facility)." -12/4/25-"[Client #2] was verbally aggressive towards staff making threats towards her and tossing a glass of water on her before he walked away (eloped) from the group home (facility). Staff contacted the [local county Sheriff] for assistance locating [client #2]. Another staff member noticed [client #2] walking along the road and followed [client #2]back to the group home (facility). [Local county Sheriff] arrived at the group home (facility) but no additional assistance was required for [client #2]." Interview on 4/29/26 with staff #1 revealed: -Client #2 eloped from the facility. -"[Client #2] walked (eloped) to the tobacco shop, store and hospital in the community." -"[Client #2] walked away (eloped) at least once a week during the month of April 2026." -"[Client #2] walked away a lot, I'm not sure how many times." Interview on 4/29/26 with the House Manager #1 revealed: -Client #2 eloped from this facility "several times." -Client #2 lived at the facility for "about 6 months." -"A lot of the time [client #2] will walk off (elope) when he can't have his way." -"Every time [client #2] walks off the police are called."	V 112		

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V 112	Continued From page 5 Interview on 3/26/26 with the Facility Director/Qualified Professional revealed: -Client #2 had been eloping from the facility "frequently over the last 2-3 months." -Client #2 never stayed out overnight whenever he eloped. -"[Client #2] didn't have a history of elopement when he was admitted to the facility." -Staff called the police department each time he left the facility. -"I'm responsible for doing the PCPs for clients." -"I had not updated the plan since November 2025 because it is normally done every 6 months." -Client #2 had no unsupervised time in the community. -"[Client #2] will be discharged on 5/7/26 due to the elopements and psychiatric issues." -He confirmed client #2 had no goal or strategies to address elopement from the facility.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that	V 114		

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V 114	Continued From page 6	V 114		

simulate the facility's response to fire emergencies.
(d) Each facility shall have a first aid kit accessible for use.

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:

Reviews on 4/30/26 and 5/1/26 of the facility's fire and disaster drill log from April 2025-April 2026 revealed:
-There were no fire or disaster drills completed by 3rd shift for the 1st quarter (January, February, March) of 2026.
-There were no fire or disaster drills completed by 3rd shift for the 4th quarter (October, November, December) of 2025.
-There were no fire or disaster drills completed by 3rd shift for the 3rd quarter (July, August, September) of 2025.
-There were no fire or disaster drills completed by 3rd staff for the 2nd quarter (April, May, June) of 2025.

Interview on 4/29/26 with client #1 revealed:
-He stated he could not talk to me because he had been talking to the basketball coach for a local school.
-When he was asked questions he would answer the questions.
-He kept talking about topics unrelated to the questions I asked him.

Interview on 4/29/26 with client #3 revealed:
-They go outside into backyard for fire drills.
-They go into the hallway for the other drills.

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V 114	Continued From page 7 Interviews on 4/29/26 and 5/1/26 with the Facility Director/Qualified Professional revealed: -The facility had 3 separate staff shifts. -"I need to get the remainder fire and disaster drills because they were unloaded into the system for the accreditation survey. -The House Manager #1 was responsible for ensuring staff conducted fire and disaster drills. -_He wasn't aware drills were not completed on each shift by staff. -He confirmed the facility failed to ensure fire and disaster drills were conducted quarterly on each shift.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;	V 118		

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V 118	Continued From page 8 (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on observation, record reviews and interview, the facility failed to administer medication on the written order of a physician affecting two of three audited clients (#1 and #3) and failed to ensure medications were administered by an unlicensed person trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications affecting one of two audited paraprofessional staff (#2). The findings are: 1. Review on 4/29/26 of client #1's record revealed: -Admission date of 10/2/20. -Diagnoses of Schizophrenia and Mild Neurocognitive Disorder. -There were no physician's orders for the below medications. Observation on 4/29/26 at approximately 3:12 pm of the medication bin for client #1 revealed: -Docusate Sodium 100 milligrams (mg) (Constipation), one capsule twice daily. -Abilify Maintena Extended Relief (ER) 400 mg	V 118		

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V 118	Continued From page 9 (Schizophrenia), inject 400 mg Intramuscularly (IM) every 3 weeks. Review on 4/29/26 of February, March and April 2026 MARs for client #1 revealed: -The above medications were listed and administered by staff. Review on 4/29/26 of client #3's record revealed: -Admission date of 3/13/23. -Diagnoses of Schizophrenia and Intellectual Disability-Unspecified. -There were no physician's orders for the below medications. Observation on 4/29/26 at approximately 3:42 pm of the medication bin for client #3 revealed: -Cetirizine 10 mg (Allergies), one tablet in morning. -Vitamin D3 50,000 International Units (IU) (Deficiency), one capsule once a week. -Senna 8.6 mg (Constipation), one tablet twice daily. -Docusate Sodium 100 mg (Constipation), 2 capsules at bedtime. -Melatonin 3 mg (Sleep), dissolve 3 tablets at bedtime. Review on 4/29/26 of February, March and April 2026 MARs for client #3 revealed: -The above medications were listed and administered by staff. Interview on 5/1/26 with the Facility Director/Qualified Professional (FD/QP) revealed: -"I requested the most recent prescriptions from the pharmacy." -The pharmacy staff sent him older prescriptions that were over a year old. -"I don't understand how the clients medication	V 118		

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V 118	Continued From page 10	V 118		

continue to be refilled with those older prescriptions."
-He confirmed clients #1 and #3 had no physician's orders for administered medication.

2. Review on 5/1/26 of the personnel record for House Manager (HM) #1 revealed:
-Date of hire was 7/18/23.
-Medication aide testing document dated 1/17/13.
-There was no documentation of medication administration training.

Review on 4/29/26 of MARs for client #1 revealed:
-February, March and April 2026-HM's #1 initials were listed.

Review on 4/29/26 of client #2's record revealed:
-Admission date of 5/19/25.
-Diagnosis of Schizophrenia.

Review on 4/29/26 of MARs for client #2 revealed:
-February, March and April 2026-HM's #1 initials were listed.

Review on 4/29/26 of MARs for client #3 revealed:
-February, March and April 2026-HM's #1 initials were listed.

Interview on 5/1/26 with the FD/QP revealed:
-"I didn't think to get [HM #1] trained for medication administration with this agency because she had medication aide testing."
-He didn't know the medication aide testing was not accepted by our section for medication administration training for staff.
-He confirmed there was no documentation of medication administration training for HM #1.

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V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a	V 289		

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V 289	Continued From page 12 private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to operate within the scope of their program affecting six of six clients (#1, #2, #3, #4, #5 and A1). The findings are: Review on 4/29/26 of a client and staff census form revealed 5 clients resided at the facility. Review on 4/29/26 of client #1's record revealed: -Admission date of 10/2/20. -Diagnoses of Schizophrenia and Mild Neurocognitive Disorder.	V 289		

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V 289	Continued From page 13 Review on 4/29/26 of client #2's record revealed: -Admission date of 5/19/25. -Diagnosis of Schizophrenia. Review on 4/29/26 of client #3's record revealed: -Admission date of 3/13/23. -Diagnoses of Schizophrenia and Intellectual Disability-Unspecified. Review on 4/29/26 of client #4's record revealed: -Admission date of 1/22/24. -Diagnosis of Schizoaffective Disorder-Depressive Type. Review on 4/29/26 of client #5's record revealed: -Admission date of 6/1/24. -Diagnosis of Schizoaffective Disorder-Bipolar Type. Review on 4/30/26 of client A1's record revealed: -Admission date of 1/3/25 for Sister facility A. -Diagnoses of Schizoaffective Disorder-Bipolar Type, Mild Traumatic Brain Injury, Tobacco Use Disorder and Stimulant Use Disorder. Interview on 5/1/26 with client A1 revealed: -"I stayed at another home (facility) a couple of months ago." -"I stayed at that home (facility) overnight two weekends in a row." -"When I stayed at the other home (facility), I was given an air mattress but it was flat." -"I slept on the couch both times." -There were 5 other clients at that home (facility) who lived there. -"I stayed at that home (facility) because my home (facility) was short staffed." Interview on 5/4/26 with the House Manager #2 revealed:	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL047-140	A. BUILDING: _____ B. WING _____	R 05/05/2026

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V 289	Continued From page 14 -Client A1 stayed at this facility overnight in February 2026. -"I was off that day and there were no other staff available to work at (Sister Facility A)." -"I took an air mattress over to that facility." -"I'm sure if he slept on the air mattress at the facility." -"[Client A1] stayed at the facility another time possibly in March 2026." -"I was off of work when he stayed at the facility in March 2026 and was not sure of the date." Interview on 5/4/26 with the Facility Director/Qualified Professional revealed: -Client A1 stayed at this facility "about a month ago." -"[Client A1] stayed about a night or two due to the inclement weather." -There were 5 other clients at this facility. -"[Client A1] had the opportunity to sleep in the empty bed because there were only 5 clients." -"[Client A1] slept on an air mattress and it was his choice." -"[Client A1] wanted to sleep on just the floor at first, but staff offered him an air mattress." -He confirmed the facility failed to operate within the scope of their program. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 289		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 736	Continued From page 15 This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 4/29/26 at approximately 1:20 pm of the facility revealed: -Client #1's and #4's bedroom-The upper portion of one of the panes of glass in the window had 5 cracks. Two of the cracks 2 were approximately 12 inches long. Two of the cracks were approximately 10 inches long. The 5th crack was approximately 5 inches long. Light switch cover was missing. -Walls throughout the facility were stained and/or had peeling paint. -Hallway bathroom-Light switch cover was cracked. Shower curtain was faded and rusted. Twelve shower curtain rings were all rusted. Faucet had calcified substance. There were approximately 20 dot sized nail holes in the walls. Bottom portion of door wood was separating and cracked. -Floors throughout the facility were scuffed and the paint was faded. -Bathroom in client #2's bedroom-Twelve shower curtain rings were all rusted. Interview on 4/29/26 with the Facility Director/Qualified Professional revealed: -He was not aware of most of the issues with the facility during the walk through. -Staff did not report any of the issues with the facility to him. -He confirmed the facility was not maintained in a safe, clean, attractive and orderly manner.	V 736		