

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 C 05/05/2026
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 A complaint survey was completed on May 5, 2026. The complaints were unsubstantiated (intake #NC00236448 and #NC00237138). 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 has a current census of 2. The survey sample consisted of audits of 2 current clients. Three sister facility's are identified in this report. The sister facility's will be identified as sister facility A, B and C. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.	V 000		
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:	V 289		

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

TITLE

(X6) DATE

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V 289	Continued From page 1 (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 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	V 289		

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V 289	Continued From page 2 (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, A1, A2, B1 and C1). The findings are: Review on 5/1/26 of the facility's license for 2026 revealed: -5600 C-Supervised Living for Adults with Developmental Disability for 4 beds. Review on 4/29/26 of a client and staff census form revealed 2 clients resided at the facility. Review on 5/4/26 of client #1's record revealed: -Admission date of 6/17/22. -Diagnoses of Schizoaffective Disorder and Mild Intellectual Disability (ID). Review on 5/4/26 of client #2's record revealed: -Admission date of 6/1/23. -Diagnoses of Mild ID, Schizophrenia and Intermittent Explosive Disorder. 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. Review on 4/30/26 of client A2's record revealed: -Admission date of 5/16/19 for Sister facility A. -Diagnosis of Schizophrenia.	V 289			

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V 289	Continued From page 3 Review on 5/5/26 of client B1's record revealed: -Admission date of 1/3/25 for Sister facility B. -Diagnoses of Autistic Disorder and Mild ID. Review on 5/5/26 of client C1's record revealed: -Admission date of 8/28/25 for Sister facility C. -Diagnosis of Mild Intellectual Disability. Interview on 5/1/26 with client A1 revealed: -He no longer goes to a day program because "I was kicked out." -He goes to another facility during the day. -"I stay at this home (facility) for about 5 hours a day Monday thru Friday." -"I eat lunch there and just hang out." -"I would rather be working or going to a day program instead of going to that home (facility) everyday." -"I have been going to that home (facility) for about 6 months." Interview on 5/1/26 with client A2 revealed: -He goes to another home during the day. -"I have been going to this home (facility) for about 7-8 months." -"We stay at this home (facility) from 9:00 am to 2:00 Monday thru Thursday." -"On Fridays we stay at the home (facility) from 9:00 am to 1:00 pm." Interview on 5/4/26 with the House Manager #2 revealed: -There was no 1st shift at Sister facility A. -"[Client A1] and [client A2] go over to another home (facility) Monday thru Friday during the day." -"[Clients A1] and [client A2] had been going to that home (facility) daily for about 8-9 months."	V 289		

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V 289	Continued From page 4 Interview on 5/4/26 with the Facility Director/Qualified Professional revealed: -He was aware clients from 3 other facility's were staying at this facility during the day. -Some of those clients were going to a day program during the day. -"We are in the process of trying to get some of the clients into another day program." -He confirmed the facility failed to operate within the scope of their program.	V 289		