

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-142 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/17/2019 |
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| NAME OF PROVIDER OR SUPPLIER MACS VILLAGE LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 205 PRINCETON CROSSING THOMASVILLE, NC 27360 |
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| (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 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 17, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> | V 000 | | |
| V 112 | <p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> | V 112 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| V 112 | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement strategies in the treatment/habilitation plan to address the client's needs affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 10/16/19 of client #1's record revealed: -An admission date of 8/27/19 -Diagnoses of Post-Traumatic Stress Disorder (PTSD), Major Depressive Disorder, Severe with Anxious Distress and Reoccurring Episodes -Age 15 -An assessment dated 8/27/19 noting "needs a structured environment with supervision, can function independently in the home with minimal to no assistance, withdrawn, has poor judgement, past thoughts of suicide, sadness, anxiety, nightmares and is restless at night, has a history of inappropriate sexual behaviors, is currently on probation and wearing an ankle monitor for 45 days, needs medication management and trauma focused therapy." -An updated treatment plan dated 9/16/19 noting "will attend school 5 out of 5 days, complete all assignments, no discipline referrals, follow school expectations, no skipping classes, passing grades and daily attendance, will learn, practice and master eliminating instances of physical and verbal aggression towards self and others, develop and utilize reflective listening, effective communication while interacting with others, take 10 minutes away to manage feelings of anger, anxiety and depression, will maintain compliance with program rules and expectations, follow staffs' directives, accept limitations and consequences without arguing or being dishonest, attend and</p> | V 112 | | |

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| V 112 | <p>Continued From page 2</p> <p>participate in therapy, will learn to manage her PTSD symptoms, have an increase in trusting others and age appropriate behaviors, will decrease irritability and elimination of angry outbursts."</p> <p>Further review on 10/16/19 of client #1's record revealed: -Was currently on probation with the Department of Juvenile Justice (DJJ) -Was convicted of simple assault on her mother on 5/13/19 -Was to complete 65 hours of community service -Was currently wearing an ankle monitor -The ankle monitor was to be removed on 10/23/19</p> <p>Interview on 10/16/19 with client #1 revealed: -Was already on probation when she was admitted to the facility two months ago -Facility staff were aware she was put on probation for assaulting her mother -Was currently wearing an ankle monitor -Met with her probation officer on a monthly basis -Was to complete 65 hours of community service -The ankle monitor was scheduled to be removed on 10/23/19 -Would remain on probation until November 2020</p> <p>Interview on 10/17/19 with the Qualified Professional (QP) revealed: -Was responsible for the clients' treatment plans -Was aware client #1 was on probation and wore an ankle monitor -Had met with client #1's probation officer and stated the ankle monitor will be removed on 10/23/19 -Was not aware of the specific requirements for client #1's probation -Would ensure client #1's treatment plan was updated with goals and strategies to address the</p> | V 112 | | |

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| V 112 | <p>Continued From page 3</p> <p>probation requirements.</p> <p>Interview on 10/17/19 with the Licensed Professional revealed: -Became the facility's LP on 10/15/19 -Had reviewed the clients' treatment plans on 10/15/19 -The QP was responsible for the clients' treatment plans. -The treatment plans were developed from the assessments. -Had spoken with the QP regarding no goals or strategies developed for client #1's probation requirements -"I spoke with [the QP] and we will ensure each treatment plan was individualized and met the needs of the clients. It is an area of development we will work on."</p> <p>Interview on 10/16/19 with the Director revealed: -Client #1 was on probation and wore an ankle monitor -Had met with the probation officer during a Child and Family Team Meeting -Had requested several times for the probation officer to provide the facility with the court ordered mandates client #1 was to abide by. -Had not received the court order as of 10/16/19 -The QP was responsible for developing goals and strategies in the clients' treatment plans -Would ensure the QP incorporated client #1's court ordered probation requirements into her treatment plan.</p> | V 112 | | |