PRINTED: 10/18/2019 FORM APPROVED

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING_ MHL029-142 10/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 205 PRINCETON CROSSING MACS VILLAGE LLC THOMASVILLE, NC 27360 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 112 Continued From page 1 V 112 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: 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"needs a structured environment with supervision, can function independently in the home with minimal to no assistance, withdrawn, has poor judgement, past thoughts of suicide, sadness, anxiety, nightmares and is restless at night, has a history of inappropriate sexual behaviors, is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

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: ___ B. WING ____ MHL029-142 10/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

MACS VILLAGE LLC

205 PRINCETON CROSSING

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	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."			
	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			
	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 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			

Division of Health Service Regulation

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		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3	OMPLETED	
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	V 112	Continued From page	3	V 112				
		probation requirement	S.					
		Interview on 10/17/19 Professional revealed: -Became the facility's -Had reviewed the clie 10/15/19 -The QP was responsite treatment plansThe treatment plans vassessmentsHad spoken with the ostrategies developed for requirements -"I spoke with [the QP] treatment plan was indineeds of the clients. It we will work on." Interview on 10/16/19 v-Client #1 was on probing monitor -Had met with the probing and Family Team Meet value and Family Team Meet value and requested several officer to provide the famandates client #1 was responsitional strategies in the client was responsitional value of t	with the Licensed LP on 10/15/19 Ints' treatment plans on ble for the clients' were developed from the QP regarding no goals or or client #1's probation and we will ensure each lividualized and met the is an area of development with the Director revealed: ation and wore an ankle ation officer during a Child ing I times for the probation cility with the court ordered is to abide by. court order as of 10/16/19 ble for developing goals ients' treatment plans incorporated client #1's					

PCP (UPDATE/REVISION)

(For use ONLY if a new service or a new goal is added to the PCP during the plan year.)

Name:	DOB:	Medicaid ID:	Record #:	
Consumer	XXXXXXX	XXXXXXXX	XXXXXX	
Update/Revision Date	10 /21/2019			

ACTION PLAN

The Action Plan should be based on information and recommendations from: the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/Justifications for Goals information, and any other supporting documentation.

Long Range Outcome: (Ensure that this is an outcome desired by the individual, and not a goal belonging to others).

Be able to complete probation.

Where am I now in the process of achieving this outcome? (Include progress on goals over the past years, as applicable).

Consumer must wear an ankle monitor for 45 days. Her 45 days will end on October 23 2019. Per her DJJ worker her community services hours have been waved due to the court order program (Project Challenge Program) not being in the local area in which she resides.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Ensure compliance with probation. WHAT (Short Range Goal) WHO IS RESPONSIBLE **SERVICE & FRE-**QUENCY Consumer will comply with conditions and terms of her probation until Consumer(Resident) Daily 5/12/2020 as evidence by Complying with her 9pm to 6am curfew Not associate with past perpetrator Daily or as needed to Legal Guardian: Wilkes County Not go on the premises or property of past perpetrator assist with symptom DSS Not assault, harass, or threaten anyone management and improvement No unexcused absences from school Do not engage in any disorderly conduct that would result in be-Level III Residential ing suspended out of school Macs Village LLC Level III services, 1 unit per day Attend school regularly Residential Staff including Therapeutic Maintain passing grades leave up to 45 days per Remain on good behavior and not violate any laws calendar year but not to Not violate any reasonable and lawful rules of the parent. exceed 15 days per guardian or custodian quarter. Therapeutic Not use or possess any controlled substances Leave up to 45 days per Not use or possess any alcoholic beverages year Submit to random drug testing Submit to warrantless search at reasonable times Attend all court proceedings or hearings Individual therapy 2-4 Therapist times per month Medication Manage-Psychiatrist ment at least once quarterly Provide Supervision and Melissa Hutchen, Court Counensure compliance with selor probation until 5/12/2020 Attend monthly CFT Mother

Y	
	meetings

HOW (Support/Intervention)

Resident/Consumer:

- Consumer will participate in all Macs Village LLC programming and will maintain a daily behavior in order to increase compliance with conditions of probation.
- Actively participate in treatment and will try to use coping skills that are taught during treatment.

Guardian:

- Provide information regarding history and needs of Consumer as well as participating in assessments, therapy sessions and other services and meetings with court counselor.
- Ensure to pay cost of evaluation or treatment by the Juvenile Justice Treatment Continuum, that is court ordered.

Level III Group Home Staff:

- Utilize interventions as outlined in the detailed group home treatment plan to help and support Consumer
- Ensure Consumer is being compliant with probation.
- Communicate with the family, DSS and/or legally responsible person(s), DJJ and community team members regarding progress, barriers and active discharge planning.
- Adjust treatment interventions and programming as needed to support Consumer's continued progress towards goals and expectations supporting discharge criteria.
- One or more staff of group home is also allowed to transport Consumer to keep appointments with the court counselor and comply with other orders of the court.
- Attend all hearings in matter of which notice is received.
- Assist Consumer in complying with the terms and conditions of probation, protective supervision or other orders of the court.

Therapist:

Provide counseling, skills and therapeutic interventions to assist Consumer in managing symptoms and processing trauma. Provide court counselor with updates on Consumer progress and compliance.

Psychiatrist:

Assess the need for medications and provide treatment guidance and medication management including impact of side effects and effectiveness of medications and services.

Mother:

Attend monthly CFT meetings.

Provide information regarding Consumer's history as needed.

Engage in therapeutic services in order to strengthen positive parenting and build positive parent-child relationships.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and ju or discontinu	
10/17/2019	1 1	N		
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1 1	11			
Status Codes:	R=Revised	O=Ongo	ing A=Achieved	D=Discontinued

MACS VILLAGE LLC

205 PRINCETON CROSSING THOMASVILLE, NC 27360 (336)875-5636

Plan of Correction for Annual Survey

V 112 ID Prefix Tag

Measures put into place to correct the deficient area of practice:

An updated PCP will be put into place to correct the deficient that was found in regards to consumer HC. This PCP will include person centered goals related to her probation which we have obtained from her Department of Juvenile Justice contact. I have included the updated PCP goal which addresses the consumers probation terms.

Measures put into place to prevent the problem from occurring again:

To prevent PCP gap from occurring again in the future all PCPs will be reviewed with Macs Village new Licensed Counselor Michael Hall. Department of Juvenile Justice consumer probation details will be listed as one of the consumers goal.

Who will monitor PCPs to ensure this doesn't happen again:

Macs Village Director Amekia Thomas, Assistant Director Charity Thomas and Licensed Professional Counselor Michael Hall will review and verify that this standard level deficiency doesn't occur again. Quality Professional Nakisha Brock will continuously monitor and update PCPs.

How often will monitoring take place:

Monitoring of Person Centered Plans occur within a 30 day time frame.