

Division of Health Service Regulation

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 08/30/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MACS VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PRINCETON CROSSING THOMASVILLE, NC 27360
---	--

(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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on August 30, 2022. The complaint (Intake #NC00190157) was substantiated. 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> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients and 1 former client.</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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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 08/30/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MACS VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PRINCETON CROSSING THOMASVILLE, NC 27360
---	--

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to develop and implement goals and strategies to address 1 of 1 Former Client (FC #1)'s elopement tendencies. The findings are:</p> <p>Review on 8/25/22 of Former Client #1 (FC #1)'s record revealed: -An admission date of 2/25/22 -Diagnoses of Reactive Attachment Disorder (RAD), Post-Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD) combined type and Oppositional Defiant Disorder (ODD) -A discharge date of 6/15/22 -Age 13 -An assessment dated 2/25/22 noted "was placed in the Department of Social Services (DSS) in 2013 due to a history of abuse and neglect from her biological parents. She was also sexually abused by her birth mother and maternal uncle. There was substance use and domestic violence in the home, she was adopted by a family in 2015 and then returned to the custody of DSS after her adoptive parents relinquished their rights in 2019, has frequent arguments and fights with peers, has emotional disturbance, family history of substance use, alcohol abuse and domestic violence, was previously placed in a Psychiatric</p>	V 112		

Division of Health Service Regulation

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 08/30/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MACS VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PRINCETON CROSSING THOMASVILLE, NC 27360
---	--

(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 112	<p>Continued From page 2</p> <p>Residential Treatment Facility (PRTF), has poor impulse control, is easily distracted, has a history of leaving without permission, taking objects that are not hers and difficulty following redirection, when upset she will demonstrate both verbal and physical aggression towards adults and peers, history of at-risk behaviors towards self and others, negative peer interactions and non-compliance and defiant behaviors, she need to utilize her coping skills, accept re-direction from staff, appropriately communicate her thoughts and emotions, history of sexualized behaviors including inappropriately touching others, needs to maintain appropriate boundaries with her peers and struggles to accept responsibility for her actions."</p> <p>-A treatment plan dated 4/19/22 noted "will attend day treatment/school by completing all assignments, maintain passing grades, no discipline referrals, complete work assignments, follow expectations, will maintain compliance and respect with program rules and expectations, follow staff directives, respect the boundaries of others (space and instructions), accept responsibility for her action/behaviors without becoming argumentative, defiant or being dishonest, control compulsive behaviors and accepting staff/peer responses without continuing to ask the same questions and/or refusing to accept answers and/or responses given, will attend and participate in all individual, family and group therapy sessions, will learn to engage in positive adult/peer/staff interactions by decreasing aggressive behaviors and angry outbursts by utilizing coping strategies, not becoming physical or verbally aggressive."</p> <p>-A discharge summary dated 6/15/22 and written by the Qualified Professional (QP) noted "[FC #1] was discharged to her [Legal Guardian] on 6/15/22. She has not been admitted to the</p>	V 112		

Division of Health Service Regulation

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 08/30/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MACS VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PRINCETON CROSSING THOMASVILLE, NC 27360
---	--

(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 112	<p>Continued From page 3</p> <p>appropriate level of care. She will continue with the following services: outpatient individual therapy, medication management and day treatment. [FC #1] is a risk to herself, others and the community. She continued to be disruptive by bullying peers, being verbally and physically aggressive towards staff and peers in the facility. There were safety and security concerns due to her constantly walking in and out and away from the facility. The police have been called numerous times due to her behaviors. She refused to be compliant with prompts and directives when given. The Agency initiated case closure to the safety and security of other consumers, community and facility staff."</p> <p>-No goals or strategies to address FC #1's elopement tendencies</p> <p>Review on 8/26/22 of the facility's level II incident reports revealed:</p> <p>-The incident occurred on 6/14/22</p> <p>-The local police department was called numerous times for FC #1</p> <p>-Was Involuntarily Committed on two separate occasions due to walking away from the facility, was a danger and threat to herself and others.</p> <p>-Was non-compliant, yelled and cursed at staff and refused prompts</p> <p>-The police located FC #1 and returned her to the facility</p> <p>-Continued to be disruptive, walked in and out of the facility, wished 'death' on the staff and used profanity</p> <p>-FC #1 walked off from the facility in a repeated cycle and was IVCed (Involuntarily Committed) due to safety and security returns</p> <p>-Stole a neighbor's bike and rode to a gas station</p> <p>-Once released from the hospital, she returned to the facility and continued to be disruptive, walking off, cursing staff and peers and no one felt safe</p>	V 112		

Division of Health Service Regulation

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 08/30/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MACS VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PRINCETON CROSSING THOMASVILLE, NC 27360
---	--

(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 112	<p>Continued From page 4</p> <p>around her.</p> <p>Interview on 8/29/22 with FC #1 revealed: -Had left the facility on numerous occasions and the police were called -Would head to the neighbor's house or to a local store -"They (the police) would bring me back to the facility and I would walk off again. The staff would tell me they were going to call the police but I didn't care." -The facility staff did not use her coping skills to help her de-escalate her behaviors</p> <p>Interview on 8/25/22 with client #2 revealed: --FC #1 ran away from the facility on several occasions -"Staff would talk to her, but [FC #1] always argued. She had an attitude. She did not deserve to be here. She needed to be in a PRTF (Psychiatric Residential Treatment Facility)."</p> <p>Interview on 8/25/22 with client #3 revealed: --"She ran away, like three cul-de-sacs away. The cops were called out a lot while she was here. Staff was always trying to shut her behaviors down by telling her not to leave, saying they would take her points/privileges away, but she did not care."</p> <p>Interview on 8/25/22 with client #4 revealed: -FC #1 would walk away from the facility all the time -Staff would say they were calling the police and told the rest of us to go to our rooms</p> <p>Interview on 8/29/22 with Qualified Professional #1 revealed: -Based on the clients' assessments, she developed the treatment plans</p>	V 112		

Division of Health Service Regulation

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 08/30/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MACS VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PRINCETON CROSSING THOMASVILLE, NC 27360
---	--

(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 112	<p>Continued From page 5</p> <p>-Did not see a history of elopement tendencies in FC #1's assessment -"She ran away too many times. We kept having to call the police all the time. She'd run off and hide from staff." -FC #1's treatment plan had not addressed FC #1's elopement tendencies.</p> <p>Interview on 8/30/22 with Qualified Professional #2 revealed: -The Qualified Professionals and the treatment team were responsible for developing FC #1's treatment plans -No goals or strategies were developed or implemented for FC #1 because "she only started running away the last week or so of her stay..."</p> <p>Interview on 8/30/22 with the Licensed Professional revealed -"My recollection was that placement had been disrupting. We were trying to make all sure all interactions were addressed. Maintaining placement was our main focus. I don't know why her elopement issues weren't addressed immediately ...".</p> <p>Interview on 8/29/22 with the Director/Associate Professional revealed: -This was FC #1's second time being placed at the facility -"To my knowledge, I did not recall if she had a history of running away." -The police were called each time FC #1 left the facility -"[FC #1] would go next door in the front yard and refused to return. It would be in eyesight. She wasn't someone who ran away. That was not her behavior. She was just going to do what she wanted to do. She would leave and we could see her in the neighborhood..."</p>	V 112		

Division of Health Service Regulation

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 08/30/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MACS VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PRINCETON CROSSING THOMASVILLE, NC 27360
---	--

(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 112	Continued From page 6 -The treatment plans were completed by the Qualified Professionals -"Our strategies were to contact the police."	V 112		
V 732	27G .0303(a) Site Location 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (a) Each facility shall be located on a site where: (1) fire protection is available; (2) water supply, sewage and solid waste disposal services have been approved by the local health department; (3) occupants are not exposed to hazards and pollutants that may constitute a threat to their health, safety, and welfare; and (4) local ordinances and zoning laws are met. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure clients were not exposed to hazards and pollutants that may constitute a threat to their health, safety and welfare for 1 of 1 Former Client (FC #1) and 2 of 4 current clients (#2 and #3). The finding are: Observation on 8/25/22 at 12:21pm of the client's bathroom revealed: -A disinfectant spray on top of the left side of the sink -On the right side of the sink there were Clorox antiseptic wipes and microban sanitizer spray	V 732		

Division of Health Service Regulation

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 08/30/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MACS VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PRINCETON CROSSING THOMASVILLE, NC 27360
---	--

(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 732	<p>Continued From page 7</p> <p>-The cleaning supplies were not secured in a manner that prevented the clients' exposure to hazards and pollutants that may constitute a threat to their health, safety and welfare</p> <p>Review on 8/26/22 of the facility's level II incident report revealed: -On 6/13/22, the police were contacted due to consumer (FC #1) and her peer (client #3) destroyed another peer's (client #2) property by pouring bleach all over her bedroom -The QP went to use the bathroom and during this time, the consumers went into their peer's bedroom and poured bleach on her belongings</p> <p>Review on 8/29/22 of the facility's written warnings, dated 6/13/22, for staff #1 and QP #2 revealed: -Carelessness and Safety were checked on the form -"On June 11, there was an incident in which a consumer bleached another consumer's belongings. Staff failed to lock the office door when going to the bathroom which provided consumer the opportunity to have access to all facility keys. During this time, a consumer gained access to bleach, in which consumer used the bleach to damage another consumer's belongings. Staff is receiving this written discipline due to failing to ensure the office door was locked properly when leaving the office, which allowed consumer to have access to unauthorized items."</p> <p>Interview on 8/29/22 with Former Client #1 revealed: -The bleach and cleaning supplies were usually locked up under the kitchen sink. -On that particular day (6/11/22), the bleach was left out while the clients were cleaning the</p>	V 732		

Division of Health Service Regulation

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 08/30/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MACS VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PRINCETON CROSSING THOMASVILLE, NC 27360
---	--

(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 732	<p>Continued From page 8</p> <p>bathroom -The Qualified Professional #2 (QP #2) went to the bathroom -"Me and [client #3] had an idea to pour the bleach on [client #2]'s bedding because she flipped us both off."</p> <p>Interview on 8/25/22 with client #2 revealed: -"[Client #3] and [FC #1] were roommates. They made me mad one day and staff (#1 and the Qualified Professional #2 (QP #2)) told them to go to their room and to calm down. But they kept talking. I told [QP #2] I need to use my coping skills and to go for a walk. [Staff #1] took me for a car ride and when I got back, my sheets, comforter, pillows and stuff animals had been bleached. [Client #3] denied doing it. [FC #1] isn't smart enough to come up with that plan, so I knew [client #3] was behind it." -The bleach in the facility was in a locked cabinet under the bathroom sink.</p> <p>Observation and interview on 8/25/22 with client #3 at 1:10pm revealed: When surveyor brought up the topic of the bleach, client #3 laughed. -"Staff (QP#2) was in the bathroom. Me and [FC #1] were here. The other two clients had left with a staff member (#1). We were cleaning up and the bleach was on the counter. [FC #1] said she had an idea. She picked up the bleach and I said what are you going to do? She poured the bleach on [client #2]'s bedding ..." -The reason the bleach was poured on the bed was due to "[Client #2] telling [FC #1] her mom gave her up for adoption because she was ugly and she took one look at you and threw you out."</p> <p>Interview on 8/25/22 with client #4 revealed: -The bleach was kept locked up under the</p>	V 732		

Division of Health Service Regulation

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 08/30/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MACS VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PRINCETON CROSSING THOMASVILLE, NC 27360
---	--

(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 732	<p>Continued From page 9</p> <p>bathroom sink. - "Staff has the keys to the cabinet." - While one staff was in the bathroom, "[FC #1] got the bleach and poured it on [client #2]'s bed." - The other staff on duty was walking with the other two clients in the neighborhood.</p> <p>Interview on 8/25/22 with FC #1's Program Manager with the Department of Social Services (DSS) revealed - FC #1 had poured bleach on another client's belonging and ruined them. - "My question is why was the bleach out and accessible? I was told the staff went to the bathroom. The cleaning supplies are supposed to be locked up." Interview on 8/26/22 with FC #1's Legal Guardian revealed: - When asked about the incident regarding bleach, the LG stated FC #1 admitted to it with the help of another peer. - "She said it was just a joke and that [client #3] instigated it." - The facility staff stated the bleach had been left out accidentally. - Stated law enforcement did press charges against FC #1 for pouring bleach on a client's possessions, "but the charges were obviously dismissed as she moved out of state."</p> <p>Interview on 8/29/22 with QP #1 revealed: - Not sure why cleaning supplies were not put away and locked up. - When asked about the incident with the bleach, QP #1 stated "from my understanding, staff (QP #2) was in the bathroom when [FC #1] and [client #3] got the bleach. The other staff (#1) was outside the facility with two of the clients. The bleach was left out and they got the bleach and poured it on [client #2]'s bed."</p>	V 732		

Division of Health Service Regulation

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 08/30/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MACS VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PRINCETON CROSSING THOMASVILLE, NC 27360
---	--

(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 732	<p>Continued From page 10</p> <p>Interview on 8/30/22 with QP #2 revealed: -Cleaning supplies were to be locked away -On the day FC #1 and client #3 got to the bleach and poured it on client #2's bed, "they were doing chores and I went to use the bathroom. I literally was only in the bathroom for 60 seconds. That is when it happened. They had already poured it on her bed."</p> <p>Interview on 8/30/22 with the Licensed Professional revealed: -Was aware of the incident with the bleach -Did not deal with anything related to cleaning supplies -Was aware cleaning supplies were to be locked up -Was not sure why the bleach was out where the clients had access to it.</p> <p>Interview on 8/29/22 with the Director/Associate Professional revealed: -Cleaners are to be kept locked up and in the closet. -"As far as for the bleach, it is supposed to be locked up under the kitchen sink. It may have been out due to staff cleaning on the prior shift, but it should have been put up. Either that or the girls were cleaning ..." -The clients are to be supervised while they are cleaning.</p>	V 732		