

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 R-C 01/20/2023
--	---	---	---

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>An annual, complaint and follow up survey was completed on 1/20/23. The complaint was substantiated (intake #NC00196522). A deficiency was 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.</p>	V 000		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to</p>	V 115		

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 R-C 01/20/2023
--	---	---	--

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 115	<p>Continued From page 1</p> <p>assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide supervision to ensure the safety and welfare of 2 of 4 clients (clients #1 and #2). The findings are:</p> <p>Review on 1/19/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 12/13/22 - Diagnoses of Generalized Anxiety Disorder (D/O) and Depressive D/O <p>Review on 1/19/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 2/4/20 - Diagnoses of Oppositional Defiant D/O; Other Specified Trauma and Stress Related D/O and Enuresis <p>Review on 1/19/23 of incident reports completed by the Qualified Professional (QP) #2 on 12/28/22 revealed:</p> <ul style="list-style-type: none"> - Clients (#1 and #2) each alleged that the other had put their fingers in the other's vagina - "...Staff (staff #1 and Former Staff (FS #2)) had no knowledge of this incident while driving and monitoring the consumers..." - "...Consumer's other peers (clients #3 and #4) were interviewed by QP (QP #2) and peer denied seeing or hearing anything. Consumer SW (Social Worker) was informed of the alleged incident. Measures have been taken in which consumers and alleged peer will have assigned 	V 115		

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 R-C 01/20/2023
--	---	---	---

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 115	<p>Continued From page 2</p> <p>seats in the facility vehicle."</p> <p>Review on 1/19/23 of an internal investigation completed by QP #1 and the Director (D) and Assistant Director (AD) revealed:</p> <ul style="list-style-type: none"> - "Background of Incident: [client #2] informed staff member [staff #3] on December 23, 2022 that her peer [client #1] fingered her in the backseat of the facility vehicle Thursday December 22, 2022. Directors were notified by phone Friday December 23, 2022 of the incident by [staff #1]. [Staff #1] was questioned by staff over the phone if she was aware of the incident. [Staff #1] stated that she wasn't aware of the incident and both staff were in the vehicle the entire time the alleged incident occurred. [Staff #1] was later questioned December 24, 2022 while at the facility..." - Client #1 initially reported that "nothing happened" between her and client #2 but then reported that she and client #2 "fingered each other in the back seat of the vehicle..." - Client #1 reported there were two staff (staff #1 and FS#2) were present in the vehicle when the alleged incident occurred - Client #2 reported that client #1 began "...to rub her leg without her permission and fingered her. Consumer (client #2) advised that she did not want her peer (client #1) to touch her. Consumer didn't have a response or reason on why she didn't scream or say something when the touching occurred. Consumer continuously laughed about the incident while having the discussion and questions were asked. Consumer stated that both staff were in the vehicle while being transported..." - Client #3 reported "...that her peer [client #2] told her while they were in the room that [client #1] fingered her while they were in the backseat of the vehicle. Consumer (client #3) 	V 115		

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 R-C 01/20/2023
--	---	---	--

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 115	<p>Continued From page 3</p> <p>communicated that she didn't hear or see any of this when they were riding in the vehicle on the way to the library. Consumer communicated during the interview that her peers [clients #1 and #2] did tell her and [client #4] they were not dating. Consumer stated that both staff were in the vehicle while being transported."</p> <ul style="list-style-type: none"> - Staff #1 and FS #2 received a "...write up due to the alleged incident that occurred in the company vehicle on Thursday December 22, 2022. Management members [QP #2, the Assistant Director and the Director] spoke to both paraprofessionals (staff #1 and FS #2 on December 28, 2022. Management members wrote up both paraprofessionals for allowing consumers to take a blanket in the company vehicle and allowing the two consumers [client #1] and [client #2] to sit beside each other. [Client #1] and [client #2] aren't roommates and the current seating arrangements are for [client #1] and [client #4] to sit beside each other and [client #2] and [client #3] to sit beside each other." - On 12/28/22, a "company wide notification was sent to all staff members..." - "[Name of facility] has informed all staff that consumers are not allowed to take blankets in the company vehicle for any reason. [Name of facility] has added a daily seating chart for the company vehicle which includes a staff member sitting in the second row of the company vehicle with the consumers. This seating chart is an update to staff members sitting in the front seat monitoring consumers." <p>Interviews on 1/19/23 with clients (#1, #2 and #3) revealed:</p> <ul style="list-style-type: none"> - No acknowledgement of the alleged incident on 12/22/22 or no concerns reported - Each client reported they felt safe at the facility and if they had any concerns, they would 	V 115		

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 R-C 01/20/2023
--	---	---	--

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 115	<p>Continued From page 4</p> <p>talk to family members and/or staff</p> <p>Interview on 1/20/23 with staff #1 revealed:</p> <ul style="list-style-type: none"> - She and FS #2 were in the vehicle with the four clients (#1, #2, #3 and #4) as they were transporting client #4 to an appointment - She was sitting in the front passenger seat and FS #2 was the driving - While enroute to the appointment, client #2 was sitting near the front of the vehicle behind FS #2 - As they waited for client #4 to finish her appointment, clients (#1, #2 and #3) changed seats because client #3 wanted to take and nap and clients (#1 and #2) wanted to play a game - Once client #4 returned to the vehicle and they were enroute to the library, clients (#1 and #2) sat on the 3rd row of the vehicle - She was able to monitor each client from where she was sitting she and she did not observe anything inappropriate happening between any of the clients - She was never on her telephone and each time, she looked at clients (#1 and #2) they were sitting a part of each other - She was not aware a blanket had been brought onto the vehicle by a client (unsure of who) as it was not allowed - Prior to the alleged incident on 12/22/22, no client had reported having been touched inappropriately by another client - She was "not sure if it (client #1 having touched client #2) happened." - She believed client #2 would not allow anyone to touch her if it were unwanted - Client #2 was "a strong individual...and for her not to say anything is questionable." - "If she's in the hot seat, she will make up things to get the attention off of her." - She had spoken with the D, the AD and QP 	V 115		

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 R-C 01/20/2023
--	---	---	--

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 115	<p>Continued From page 5</p> <p>#1 regarding the alleged events of 12/22/22 and as a result, she and FS #2 had been written up for a failure to ensure the clients were sitting in their proper seats and were able to bring a blanket onto the vehicle</p> <ul style="list-style-type: none"> - Staff always followed the seating arrangement; however, it "slipped under the cracks," this time <p>Interview on 1/19/23 with the QP #1 revealed:</p> <ul style="list-style-type: none"> - When clients were being transported, roommates sat next to each other - Client #1 should have been seated next to client #4 and client #2 should have been seated next to client #3 - She doesn't know if there were any validity to the allegations as reported by clients (#1 and #2); however, staff (#1 and FS #2) should have been aware of clients (#1 and #2) seated next to each other on the 3rd row of the vehicle and had them move to their correct seat - Staff (#1 and FS #2) also failed to ensure no client brought a blanket onto the vehicle - As a result of their actions, staff (#1 and FS #2) received a written disciplinary action - Because of the allegations, client #1 and #2's treatment plans had been updated to include a goal to address "sexualized behavior." - This situation had been addressed with all staff and they were admonished to ensure clients were sitting in their correct seats while on the vehicle and staff were to monitor the clients at all times while being transported - Staff were also advised to not allow clients to take blankets onto the facility vehicle - Prior to this alleged incident, there had been no reports of any inappropriate touching between any of the clients and there had not been any additional allegations since 12/22/22 	V 115		

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 R-C 01/20/2023
--	---	---	---

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 115	<p>Continued From page 6</p> <p>Review on 1/19/23 of staff #1 and FS #2's records revealed:</p> <ul style="list-style-type: none"> - Each staff received a written disciplinary action due to a "carelessness and a failure to follow instructions." - The reasons for the disciplinary actions were the staff "...failed to abide by seating arrangement in the vehicle, resulting in an inappropriate act occurring between two consumers. Due to the staff's carelessness and not monitoring consumers, she is in violation of the company's policies and procedures and ensuring safety at all times." 	V 115		