<u>Division of Health Service Regu</u>	ulation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING:		.,
		B Manic		R-C
	MHL029-142	B. WING		01/20/2023
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE	
MACS VILLAGE LLC	205 PRII	NCETON CROSS	ING	1
MAGG VILLAGE EEG	THOMA	SVILLE, NC 273	60	
(///)10	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	()
112117	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	
		1	DEFICIENCY)	
V 000 INITIAL COMMENT	8	V 000		
T 555 HATTAL COMMENT	3	. 555		
An annual, complain	nt and follow up survey was		 	
•	23. The complaint was		1 Donations Local	uded
substantiated (intake	#NC00196522). A		CUYVECTIVING MICH	noice
deficiency was cited	i.	!	1000 1000 000 000	
This # 186 - 1- 11	ad 5au 4b a 5a Harris	İ	Corrections Indon page a G	
-	ed for the following service		1 1	
Treatment Staff Sec	C 27G .1700 Residential			
Adolescents	are for Children of			
, tablecoonis				,
This facility is licens	ed for 4 and currently has a			
census of 4. The sui	rvey sample consisted of			:
audits of 3 current c	lients.			•
V 115 27G .0208 Client Se	prvines	V 115		:
V 113 273 .0200 Client 36	VICES	(:
10A NCAC 27G .020	08 CLIENT SERVICES			:
	ovide activities for clients shall			
assure that:	- 1-1 1			
(1) space and super the safety and welfa	vision is provided to ensure			
•	table for the ages, interests,	i 1	; ;	
	tation needs of the clients	!	1	
served; and		İ	!	
(3) clients participate	e in planning or determining		!	
activities.		1		:
	rams designated or described			
	4-hour" shall make services	<u> </u>		
	day, every day in the year.			
unless otherwise sp	rve or prepare meals for	*		
. ,	that the meals are nutritious.	į		
	o have a physical handicap			
	vehicle shall be equipped	÷		
with secure adaptive		-		
	re preschool children who			
require special assis	stance with boarding or riding	i I		!
	sported in the same vehicle,			
	dult, other than the driver, to			
Divisio Labor		RE	TITLE	(X6) DATE
		_	Acceptant 1	1124/2
STAT		6899	FOETAM	If continuation sheet 1 of 7
SIAI			F8FY11	ii continuation sheet Ot /

Annual, Complaint and Follow up Survey completed January 20, 2023, Macs Village, LLC, 205 Princeton Crossing, Thomasville, NC 27360 MHL # 029-142 E-mail Address: macsvillagellc@gmail.com Intake # NC00196522

Indicate what measures will be put in place to correct the deficient area of practice (i.e., changes in policy and procedure, staff training, changes in staffing patterns, etc.) and indicate what measures will be put in place to prevent the problem from occurring again.

Plan of Correction

On 12/28/22, a companywide notification was sent to all staff members Macs Village LLC management team informing all staff that consumers are not allowed to take blankets in the company vehicle for any reason.

Macs Village LLC 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. One staff member driving and one staff member in the back seat with the consumers. Seating charts are posted several places inside the facility (office, kitchen announcement board, walking out the door, and inside the vehicle visible).

I have included the seating chart listed in this document below.

	Macs Village LLC							
Car Seating Arrangement								
Seats	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Front	Consumer 3	Consumer 1	Consumer 2	Consumer 4	Consumer 3	Consumer 4	Consumer 2	
Middle	Staff & Consumer 1	Staff & Consumer 3	Staff & Consumer 4	Staff & Consumer 2	Staff & Consumer 1	Staff & Consumer 3	Staff & Consumer 4	
Back	Consumer 2 and Consumer 4	Consumer 2 and Consumer 4	Consumer 1 and Consumer 3	Consumer 1 and Consumer 3	Consumer 2 and Consumer 4	Consumer 2 and Consumer 1	Consumer 1 and Consumer 3	

Indicate who will monitor the situation to ensure it will not occur again.

Management (Facility Director, Facility Assistant Director, and both Qualified Professionals) will continue to ensure that the seating chart is adhered to, by observation and random consumer checks.

Indicate how often the monitoring will take place.

Management will monitor this seating chart on a daily, weekly basis. Consumers will be verbally questioned random on who they sat with during the outing rides.

Assistant Director 1/24/23

Division of	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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MACS VIL	LAGE LLC		SVILLE, NC 27360	G .		
7V4UB	TP VGAMMIP	ATEMENT OF DEFICIENCIES	· · · · · · · · · · · · · · · · · · ·	PROVIDER'S PLAN OF CORRECTION		
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V 115	Continued From page	e 1	V 115			
	assist in supervision	of the children.	1			
	,					
			:			
			1		•	
	•					
			1			
			ŧ			
	This Rule is not met	as evidenced by:				
		ew and interview, the facility	j			
		ervision to ensure the safety	1			
		clients (clients #1 and #2).				
:	The findings are:					
	: - Review on 1/19/23 of	client #1's record revealed:				
	- An admission da					
	i e e e e e e e e e e e e e e e e e e e	neralized Anxiety Disorder				
	(D/O) and Depressiv		5		+	
	·		6 1 1		•	
:		client #2's record revealed:	:			
	- An admission da	positional Defiant D/O; Other	:			
:		d Stress Related D/O and	:		:	
	Enuresis	d Circus Rolated D, O and	;			
	Review on 1/19/23 of	incident reports completed				
		essional (QP) #2 on 12/28/22				
!	revealed:	IAN I II LABORATO.				
		#2) each alleged that the agers in the other's vagina				
		and Former Staff (FS #2))			:	
		this incident while driving				
	and monitoring the co	_				
		ther peers (clients #3 and			:	
:		by QP (QP #2) and peer			:	
		ring anything. Consumer				
	i i	was informed of the alleged			÷	
	∘incident. Measures h	ave been taken in which				

consumers and alleged peer will have assigned

Division of Health Service Regu	ulation			
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	COMPLETED	
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		B. WING		R-C
	MHL029-142	B. WING		01/20/2023
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	
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MACS VILLAGE LLC		SVILLE, NC 27360	•	
		341222, 110 21000		
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	·	1	DEFICIENCY)	
VAAS Continued Form of	0	V 445		
V 115 Continued From pag	je 2	V 115		:
seats in the facility v	ehicle."			
:		!		
Review on 1/19/23 o	of an internal investigation			
	and the Director (D) and	1		•
Assistant Director (A				
	Incident: [client #2] informed			
staff member [staff #				:
-	022 that her peer [client #1]			
	ackseat of the facility vehicle			•
S S	22, 2022. Directors were			:
	iday December 23, 2022 of	!		:
the incident by [staff				
	over the phone if she was			
-	t. [Staff #1] stated that she			
	incident and both staff were			:
	tire time the alleged incident			
	was later questioned			
	while at the facility"			• •
	y reported that "nothing			
-	her and client #2 but then			•
• •	d client #2 "fingered each			
other in the back sea	-			
- Client #1 report	ed there were two staff (staff			
•	present in the vehicle when			
the alleged incident				
	ed that client #1 began "to			
	er permission and fingered			
	ent #2) advised that she did			
,	lient #1) to touch her.			
	ve a response or reason on			
•	im or say something when the			
	Consumer continuously			
=	icident while having the			
	stions were asked. Consumer			
	f were in the vehicle while			
being transported"				
	ed "that her peer [client #2]			
t e e e e e e e e e e e e e e e e e e e	vere in the room that [client	100		•
	le they were in the backseat			
of the vehicle. Cons				

Division of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
	1	, bollowie		
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	MHLQ29-142	B. WING		01/20/2023
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TOTAL OF THE TOTAL OF THE TEXT				
MACS VILLAGE LLC		NCETON CROSSING SVILLE, NC 27360		
(X4) ID SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
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			DEF(CIENCT)	
V 115 Continued From pag	e 3	V 115		
communicated that s	the didn't hear or see any of			·
	riding in the vehicle on the	<i>'</i>		<u> </u>
•	onsumer communicated			
-	that her peers [clients #1 and			
. •	client #4] they were not			
<u>-</u>	ated that both staff were in			
<u> </u>				
the vehicle while bein		ļ		
	#2 received a "write up due			
	nt that occurred in the			
	Thursday December 22,			
_	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 parapi	rofessionals for allowing			
consumers to take a	blanket in the company	!		
vehicle and allowing	the two consumers [client			
	sit beside each other. [Client	:		
	en't roommates and the			
	igements are for [client #1]	:		
_	beside each other and [client	1		
	o sit beside each other."			
	company wide notification			
was sent to all staff r				
		Ì		
_	y] has informed all staff that	:		
	llowed to take blankets in the	1		
	any reason. [Name of facility]			
•	eating chart for the company	1		
	es a staff member sitting in			
	e company vehicle with the	S		
	ating chart is an update to			:
staff members sitting	in the front seat monitoring			!
consumers."				:
	n 11 . 11 . 14 . 14 . 10 . 1 . 10 . 1			:
	3 with clients (#1, #2 and #3)	ļ		•
revealed:				
 No acknowledge 	ement of the alleged incident			
on 12/22/22 or no co	ncerns reported			

Each client reported they felt safe at the facility and if they had any concerns, they would Division of Health Service Regulation

F8FY11

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: __ R-C B. WING MHL029-142 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **205 PRINCETON CROSSING MACS VILLAGE LLC** THOMASVILLE, NC 27360 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION. (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 115 V 115 Continued From page 4 talk to family members and/or staff Interview on 1/20/23 with staff #1 revealed: 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."

Division of Health Service Regulation

She had spoken with the D, the AD and QP

F8FY11

Division of Health Service R	equiation				
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	COMPLETED		
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		B. WING		R-C	
	MHL029-142	B. WING		01/20/2023	
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MACS VILLAGE LLC		NCETON CROSSIN	3		
	THOMAS	SVILLE, NC 27360			
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			DET IOIETO ()		
V 115 Continued From	page 5	V 115			
dominada i vem	F-9-				
#1 regarding the	alleged events of 12/22/22 and	i		:	
as a result, she a	ind FS #2 had been written up	ì		:	
for a failure to en	sure the clients were sitting in				
	s and were able to bring a				
blanket onto the	-				
	followed the seating			÷	
	wever, it "slipped under the			:	
cracks," this time					
cracks, unsume	•	į			
I_Aio o= 4/40	V22 with the OB #1 revented:	1			
	9/23 with the QP #1 revealed:	\$			
	s were being transported,				
= = :	ext to each other			:	
	ould have been seated next to				
client #4 and clie	nt #2 should have been seated			: :	
next to client #3					
 She doesn't 	know if there were any validity to				
the allegations as	s reported by clients (#1 and #2);	:		i	
however, staff (#	1 and FS #2) should have been			į.	
•	(#1 and #2) seated next to each	i i		:	
	row of the vehicle and had them			į	
move to their cor		:			
	d FS #2) also failed to ensure no				
•	planket onto the vehicle				
_				·	
	of their actions, staff (#1 and FS				
	ritten disciplinary action				
	the allegations, client #1 and #2's	1		•	
	nad been updated to include a				
ū	sexualized behavior."	1			
	n had been addressed with all				
•	ere admonished to ensure clients				
_	eir correct seats while on the	İ			
vehicle and staff	were to monitor the clients at all				
times while being	g transported				
- Staff were a	Iso advised to not allow clients to				
take blankets on	to the facility vehicle				
	alleged incident, there had been			•	
	inappropriate touching between				
	s and there had not been any				
· ·	tions since 12/22/22				
audilional allegal	いいい ろいして コエノとエンズと	;		i	

Division of Health Service Reg	ulation				
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	INSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	A. BUILDING:		
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NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
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MACS VILLAGE LLC	THOMAS	SVILLE, NC 27360			
(X4) ID SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		
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V 115 Continued From pag	ge 6	V 115			
Peview on 1/19/23	of staff #1 and FS #2's				
records revealed:	or stall #1 bild C #23				
:	ived a written disciplinary				
	elessness and a failure to				
follow instructions."					
- The reasons fo	r the disciplinary actions were			!	
	abide by seating arrangement				
in the vehicle, result	ting in an inappropriate act				
occurring between t	wo consumers. Due to the				
staff's carelessness		1			
	n violation of the company's	1			
	ures and ensuring safety at all				
times."					
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