

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/01/2018
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NAME OF PROVIDER OR SUPPLIER MIRACLE HAVEN OF WAGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 21701 BUNDY STREET WAGRAM, NC 28396
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow-up survey was completed on November 1, 2018. The complaint was substantiated (intake #NC00144532). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents and 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the</p>	V 111		

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

Division of Health Service Regulation

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V 111	<p>Continued From page 1</p> <p>client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete an assessment prior to admission affecting one of two current clients (#1). The findings are:</p> <p>Review on 10/31/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 16 year old female. - Admission date of 08/23/18. - Diagnoses of Oppositional Defiant Disorder, Post Traumatic Stress Disorder, Cannabis Use Disorder and Alcohol Use Disorder. - No documentation of a facility admission assessment prior to the delivery of services at the facility. <p>Review on 10/31/18 of facility incident reports revealed client #1 had eloped from the facility on 10/02/18.</p> <p>Interview on 10/31/18 client #1 stated:</p> <ul style="list-style-type: none"> - She was admitted to the facility approximately 2 months ago. - She had eloped from the facility several weeks ago. <p>Interview on 10/31/18 the Qualified Professional stated no admission assessment had been completed prior to client #1's admission to the</p>	V 111		

Division of Health Service Regulation

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V 111	Continued From page 2 facility.	V 111		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and</p>	V 113		

Division of Health Service Regulation

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V 113	Continued From page 3 administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician was obtained for one of two current clients (#1). The findings are: Review on 10/31/18 of client #1's record revealed: - 16 year old female. - Admission date of 08/23/18. - Diagnoses of Oppositional Defiant Disorder, Post Traumatic Stress Disorder, Cannabis Use Disorder and Alcohol Use Disorder. - No documentation of a facility admission assessment prior to the delivery of services at the facility. Interview on 10/31/18 the Qualified Professional stated: - Client #1's guardian went out on maternity leave and had not provided the consent for emergency treatment. - She understood the emergency treatment authorization was required for admission.	V 113		
V 366	27G .0603 Incident Response Requirments	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 4</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 5</p> <p>by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to</p>	V 366		

Division of Health Service Regulation

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V 366	Continued From page 6 three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level I incidents. The findings are: See Tag V503 for specifics. Review on facility records from August 2018 thru present revealed no incident report documentation of searches or seizures at the facility This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 366		
V 503	27D .0103 Client Rights - Search And Seizure Policy	V 503		

Division of Health Service Regulation

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V 503	<p>Continued From page 7</p> <p>10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY</p> <p>(a) Each client shall be free from unwarranted invasion of privacy.</p> <p>(b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client.</p> <p>(c) Every search or seizure shall be documented. Documentation shall include:</p> <ol style="list-style-type: none"> (1) scope of search; (2) reason for search; (3) procedures followed in the search; (4) a description of any property seized; <p>and</p> <ol style="list-style-type: none"> (5) an account of the disposition of seized property. <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure every search and seizure was documented as required. The findings are:</p> <p>Review on 10/31/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 16 year old female. - Admission date of 08/23/18. - Diagnoses of Oppositional Defiant Disorder, Post Traumatic Stress Disorder, Cannabis Use Disorder and Alcohol Use Disorder. <p>Review on 10/31/18 of client #1's treatment plan dated 08/08/18 revealed no goals or strategies to address search and seizure of personal property.</p> <p>Review on 10/31/18 of facility records revealed no</p>	V 503		

Division of Health Service Regulation

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V 503	<p>Continued From page 8</p> <p>documentation of searches or seizures of clients at the facility.</p> <p>Interview on 10/31/18 client #1 stated:</p> <ul style="list-style-type: none"> - She had been admitted to the facility approximately 2 months ago. - Staff check her book bag everyday when she returns to the facility from school. - Staff also make her take off her shoes and shake her bra to ensure no contraband is brought into the facility. <p>Interview on 10/31/18 staff #1 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility since 2003. - Clients are not supposed to have cellphones - Client's book bags are checked when they come in from school. - Staff have clients take off shoes and shake their bras to ensure no contraband is brought into the facility. - She did not document searches and seizures at the facility. - The client's guardians sign an authorization the complete search and seizures at admission. <p>Interview on 10/31/18 staff #2 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility for 20 years. - Staff check the client's back packs when they come home from school. <p>Interview on 10/31/18 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Staff check client's back packs and shoes upon entrance to the facility from school. - Clients are not to have cellphones - The client's guardians sign an authorizing staff to search the clients. - Searching and seizure was not a strategy in client #1's treatment plan. - She understood facility staff had to document as 	V 503		

Division of Health Service Regulation

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V 503	Continued From page 9 required for searches and seizures at the facility.	V 503		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 10/31/18 at approximately 9:50am of the facility revealed:</p> <ul style="list-style-type: none"> - The front living room revealed a soccer ball sized white patched area and a basketball ball sized white patched area on the wall. The lamp shade was torn. - The rolling chair in the hallway had a torn area in the fabric. - The hallway bathroom revealed 2 of 4 light bulbs worked. The floor vent was rusty. - Client #1's bedroom room revealed a bleached area on the carpet. - Client #2's bedroom revealed two areas of torn wall paper. The ceiling fan had 2 of 4 light bulbs that worked. - The unoccupied bedroom at the end of the hall revealed 2 broken slats in the window blinds. A 3 foot by 3 foot white patched area on the wall in the corner of the room. A baseball sized crack in the sheetrock. A basketball sized white patched area on the wall behind the door and another 	V 736		

Division of Health Service Regulation

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V 736	Continued From page 10 baseball sized patched area. Interview on 10/31/18 the Qualified Professional indicated she had no questions regarding the identified items for repair at the facility.	V 736		