

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060785 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 04/29/2019 |
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| NAME OF PROVIDER OR SUPPLIER MIRACLE HOUSE 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 1418 JULES COURT CHARLOTTE, NC 28226 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual, follow up and complaint survey was completed on 4-29-19. The complaint was substantiated (#NC00150481). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure Facility for Children and Adolescents.</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> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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. | V 112 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| V 112 | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, interviews and observation, the facility failed to implement strategies designed to decrease aggression, self harm and sexualized behavior, effecting five of six clients (Clients #1, #2, #3, #4, and #6). The findings are:</p> <p>Crossed referenced 10A NCAC 27G .0303 Location and exterior requirements (V736): Based on observation, record review and interviews the facility failed to be maintained in a safe manner. The findings are:</p> <p>Review on 4-11-19 of IRIS (Incident Response Improvement System) dated 3-24-19 revealed: -"While eating dinner with his peers Consumer # 871919 (client #1) began to antagonize one of them...making threat of stabbing him...was redirected to refrain from making threats...stated he did not care and he was going to f**k his peer up...continued to yell and scream at peer...then got up and walked up to peer yelling and screaming...ran out of the facility into the backyard and began grabbing tree branches and throwing them towards the facility... [client #1] then proceed to grab a metal object and informed staff he was going to f**k him up. [Client #1] then ran towards staff with the metal object and threw it, trying to hit staff. The object broke and shattered the glass window...On call response team instructed staff to call the police for assistance, police arrived approximately 10 minutes later and tried to process with consumer...police continued until he was able to get back on task..."</p> | V 112 | | |

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| V 112 | <p>Continued From page 2</p> <p>Review on 4-11-19 of client #1's record revealed: -Admitted 3-4-19. -16 years old. -Diagnoses of Conduct Disorder, Attention Deficit/Hyper Activity (ADHD) Disorder, Borderline Intellectual Functioning, Other Specialized Bipolar Related Disorder. -Undated screening assessment revealed: ..."History of anger issues, impulsivity, destruction of private property, hyperactivity and aggression." -Psychological assessment dated 9-17-18 revealed; "history of increasingly defiant behavior...currently functioning at the bottom of the borderline range of intelligence...escalating criminal behavior...he does not appear to have any appropriate coping skills..." -Person Centered Plan updated 2-14-19 revealed: "to learn and practice ways to exhibit self control, diminish aggressive behavior, receiving psycho-education on anger management and practice ways to exhibit self-control, diminish aggressive behavior..." -Goals included: "Will reduce symptoms of conduct disorder evidenced by displaying no more than 4 incidents of physical aggression during a 30 day time period...will reduce symptoms of ADHD, evidenced by, ...3 or less episode of impulsive behavior per week...will increase the use of his coping skills and strategies as evidenced by...zero incident of self-injurious behaviors.. How:.Level III Residential will provide 24/7/365 supervision implementation of behavioral point system, teaching on going coping skills and anger management skills...facilitate monthly CFT (client family treatment) meetings..."</p> <p>Review on 4-11-19 of client #2's record revealed: -Admitted 2-1-19.</p> | V 112 | | |

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| V 112 | <p>Continued From page 3</p> <ul style="list-style-type: none"> -14 years old. -Diagnoses of Post Traumatic Stress Disorder (PTSD), ADHD, Disruptive Mood Dysregulation Disorder (DMDD). -Psychological Assessment dated 4-18-18 revealed:..."physically aggressive and destructive, History of suicide threats." -Comprehensive Clinical Assessment addendum dated 1-17-19 revealed: "Stepping down to a level III, ...will lash out at staff and peers in attempt to hurt them..has assaulted teachers, staff members and peers on multiple occasions...has made significant progress at [PRTF]." -Screening assessment dated 2-1-19: "physical aggression and destruction of property...made suicidal gestures, suicide ideation." -Person centered Plan dated 1-17-19 revealed: "3 assault charges for assaulting teachers and staff.... Goals include: Will reduce symptoms of DMDD as evidenced by; will display no more than 4 episodes of aggression in 30 days, can be redirected with verbal aggression. Will increase coping skills and strategies as evidenced by addressing anxiety and zero incidents of self-injurious behaviors. ...crisis plan strategies include; allow time to cool off, likes to read, color, or draw." How: Staff will give 24/7/365 supervision, help with coping skills, anger management skills. <p>Review on 4-11-19 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admitted 2-8-19. -15 years old. -Diagnoses of PTSD, Oppositional Defiance Disorder, Encopresis, Borderline Intelligence. -Comprehensive Clinical Assessment addendum dated 2-4-19 revealed: "Behaviors are increasing, level of functioning is | V 112 | | |

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| V 112 | <p>Continued From page 4</p> <p>decreasing...brought a knife to school...has communicated threats to others...took pocket knife, razor blade and hammer to school...has gotten suspended for making death threat to peers."</p> <p>-Person Centered Plan dated 2-4-19 with update 3-19-19 revealed: ..."October 3 suspended for taking alcohol and weapons to school...increased behaviors...brought a knife to school...death threats to peers...has significant social deficits...does not appreciate serious nature of behaviors...since October has had three out of school suspensions for taking alcohol and weapons to school...took pocket knife, a razor blade and a hammer to school."</p> <p>-Goals include: Will improve communication of feelings and emotional management and emotional management skills, will demonstrate improved self esteem, will reduce number of behavioral issues..."</p> <p>-Crisis plan revealed; allow time and space alone, allow him to play guitar, likes to go for walks but must remain in eyesight.</p> <p>Review on 4-18-19 of client #4's record revealed:</p> <ul style="list-style-type: none"> -Admitted 9-13-18. -16 years old. -Diagnoses of Major Depressive Disorder, Oppositional Defiance Disorder, ADHD predominantly hyper active. -Undated screening assessment revealed: "admitted to [hospital] for self-harm behavior, he repeatedly hit his head against the wall and tied a shoelace around his neck. Denied he was trying to commit suicide...been in Department of Social services (DSS) custody since 2010 for assaulting family member and behavior issues." -Psychological Evaluation dated 11-26-18 revealed: "reported the [client #4] is argumentative and suicidal..." | V 112 | | |

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| V 112 | <p>Continued From page 5</p> <p>-Comprehensive Clinical Assessment dated 8 -29-18 revealed: "wrapping a shoelace around his neck, staff reported that it took several people to remove shoelace from child's throat. Denies wanting to end his life, 'if I wanted to end my life I would've gone into the room and tied a square knot and hung it on my door knob and sat down.'"</p> <p>-Person Centered Plan last updated 2-5-19; Speak with staff when aggression arises, follow directions from authority figures, use coping skills such as listening to music, journaling, poetry. Staff will provide 24/7/365 supervision, anger training.</p> <p>Review on 4-18-19 of client #6's record revealed: -Admitted 2-21-17. -17 years old. -Diagnoses of Oppositional Defiance Disorder, ADHD, Sexual abuse of adult; perpetrator, Other Specific Trauma and Stressor related disorder.</p> <p>-Comprehensive Clinical Assessment dated 2 -14-17 revealed: History of creating holes in walls to watch mother get in/out of shower...2 sexual offenses."</p> <p>-Person Centered Plan dated 7-18-18 revealed: "Client will not be allowed to have access to any sharp objects including pencils, pens, scissors, or any item that can be used to make holes in any type of material."</p> <p>-Goals include: Will follow directives, will improve relationships as evidenced by engaging in therapy, respecting boundaries, eliminating sexually inappropriate behaviors. Staff will provide supervision 24/7/365, CFT meetings, assist with linkage to educational services.</p> <p>Review on 4-17-19 of the Plan of protection dated 4-17-19 and signed by the Qualified professional revealed:</p> | V 112 | | |

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| V 112 | <p>Continued From page 6</p> <p>What will you do immediately to correct the above rule violations in order the protect the clients from further risk of additional harm? "Someone is coming out today (4-17-18). They will either knock the rest of the broken glass out from the window or board up the inside of the window so no broken glass is exposed. Until then, staff will continue to maintain line of sight supervision on the residents. While eating dinner, staff will keep the residents away from the window and restrict them to the dining room."</p> <p>Describe your plans to make sure the above happens. "See above. Staff will be vigilant. Staff keep clients away from the window. Staff will be in between the residents and the broken window at all times when they are in the kitchen."</p> <p>Review on 4-22-19 of Plan of protection dated 4-22-19 and signed by the executive coordinator revealed: -What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?</p> <p>"Miracle House contractor came out to the facility on 4-17-19 and replaced the broken glass with Plexiglass. Miracle Houses, Inc. immediate plan of correction will be as follows:If a glass is broken, Miracle House staff will immediately contact Executive Director of Safety Officer to report the incident. Executive Director of Safety Officer will contact contractor for repair of the glass immediately with plexiglass. Miracle Houses, Inc. is fully aware while the glass is on order, it can be immediately replaced with plexiglass until original glass come in. Miracle houses, Inc. will immediately remove all broken</p> | V 112 | | |

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| V 112 | <p>Continued From page 7</p> <p>glass to ensure the safety of the consumers."</p> <p>Describe you plan to make sure the above happens.</p> <p>"Miracle houses, Inc. staff will continue to complete self inspection reports weekly to ensure that all repairs are completed in a timely manner. If there is broken glass, team will immediately contact Executive Director or Safety Officer for repair. Broken glass will also be documented on the self inspection to show the damages and repairs. Broken glass will be removed immediately and replaced with Plexiglass."</p> <p>Clients #1, #2, #3, and #4 had a history of anger issues, physical aggression, suicide thoughts and gestures. Client #3 also had a history of taking weapons to school. Client #6 was not allowed to have access to any objects that he could use to carve a hole in the wall to watch people in the bathroom. The facility had a large window with broken, jagged glass that was easily accessible to the clients. The window had been broken since client #1 broke it during a behavior on 3-24-19 (24 days) and it had been cited during a DHSR construction survey on 3-29-19. No injuries or incidents were reported from the broken glass. Due to the clients histories and the danger of self harm or harm to others, this deficiency constitutes a type A2 rule violation for substantial risk of harm and must be corrected within 23 days. An administrative penalty of 500.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of 500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p> | V 112 | | |

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| V 736 V 736 | <p>Continued From page 8</p> <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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, record review and interviews the facility failed to be maintained in a safe manner. The findings are:</p> <p>Review on 4-8-19 of report dated 3-29-19 from the Division of Health Service Regulation (DHSR) Construction Division revealed: - "1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview...10A NCAC 27G .0303 Location and Exterior Requirements (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. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the kitchen window was broken. This is not compliant with the rule."</p> <p>Observation on 4-17-19 at approximately 4:00 pm revealed: -Upstairs bedroom smoke detector hanging by wires, broke outlet, iron burn on carpet. -Full bathroom: hole in the door, vanity wood peeling, paint peeling behind toilet, outlet over the sink is cracked and broken.</p> | V 736 V 736 | | |

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| V 736 | <p>Continued From page 9</p> <ul style="list-style-type: none"> -Banister on the stairs were loose. -Missing strip of wood on the door jam. -No handle on the refrigerator. -Large window in the kitchen approximately 3 feet high and 5 feet long was broken on both sides, jagged glass hanging from the frame, jagged glass shards in the track of the window. Window was a accessible to the clients from the inside. The outside of the window had a large piece of plywood boarded over it. <p>Interview on 4-17-19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -"There are three clients that have suicide ideation or threats, [client #3], [client #4], and [client #2]." -The window was broken on 3-24-19. -"They got someone to put a board up the first night." -They had 2 people that came and did measurements of the window, she thinks the glass had to be ordered. -"[Owner] has been out here, he has been here a couple of times." -She understood that the glass should have been covered so the clients couldn't get to it. <p>Interview on 4-18-19 with the director revealed:</p> <ul style="list-style-type: none"> -They had ordered glass to replace the window, but it hadn't come in yet. -They had their handy man fix it with Plexiglas the previous night. -There had been a board over the glass on the inside, but she thinks someone took it down to measure the window. -She didn't know why none of the staff brought it to their attention. <p>This deficiency is cross referenced into 10A NCAC 27G .0205 Assessment and</p> | V 736 | | |

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| V 736 | Continued From page 10 Treatment/Habilitation Plan (V112) | V 736 | | |