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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:			COMPLE	=1ED		
			P WING			
		MHL060785	B. WING		07/0	9/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
MIRACLE	HOUSE 1		ES COURT TE, NC 28226			
	OLIMANA DV. OT		1	DDOWNEDIO DI ANI OF CODDECTIO		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	2019. The complaints	as completed on July 9, s were substantiated (Intake 3225). A deficiency was				
		d for the following service 27G .1700 Residential re for Children or				
V 110	27G .0204 Training/S Paraprofessionals	upervision	V 110			
	10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS  (a) There shall be no privileging requirements for paraprofessionals.  (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.  (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.  (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.  (e) Competence shall be demonstrated by exhibiting core skills including:  (1) technical knowledge;  (2) cultural awareness;  (3) analytical skills;  (4) decision-making;  (5) interpersonal skills;  (6) communication skills; and  (7) clinical skills.					
	<ul><li>(7) clinical skills.</li><li>(f) The governing box</li></ul>					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		MHL060785	B. WING		07	7/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
MIRACLE	HOUSE 4	1418 JU	LES COURT			
WIRACLE	HOUSE 1	CHARLO	OTTE, NC 28226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From page 1		V 110			
		e individualized supervision				
	para-professionals (E to demonstrate the ki	as evidenced by: nd record review, 1 of 1 Executive Coordinator) failed nowledge, skills, and abilities wed. The findings are:				
	-Admission date of 12 -Diagnoses of Adjusti Disturbance of Emoti	ment Disorder with ons and Conduct, Substance Abuse Disorder,				
	-Admission date of 2/	on Deficit Hyperactivity Mood Dysregulation				
	provided to the Exect -"The Clinical Team h to the incident concer and staff member [Ex team discussed being the consumer's boun the importance of obt	Clinical Supervision Notes utive Director revealed: neld a meeting in reference rning consumer [Client #1] recutive Coordinator]. The grespectful at all times of daries. The team discussed taining permission from the assuming it is ok to hug or ay at anytime."				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MHL060785		B. WING		07/00/0040		
					07/09/2019	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA ES COURT	TE, ZIP CODE		
MIRACLE	HOUSE 1		TTE, NC 28226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 110	Continued From page 2		V 110			
	-Was in the hallway of the Executive Coordinand patted him on the -Client #3 and another the incident between and Client #1; -No marks were made Coordinator patted Client #1 did not like work of the Executive Coordinator for a hughlighted Executive Coordinator for a hughlighted Executive Coordinator patted Client #1 got upset a Coordinator the follow Interview on 7/9/19 work Coordinator revealed -Patted Client #1 on thim in the hallway of the Executive Coordinator for the check and Client #1 on thim in the hallway of the Executive Coordinator for a hughlighted Executive Coordinator the follow Interview on 7/9/19 work Coordinator revealed -Patted Client #1 on thim in the hallway of the Executive Coordinator for the follow Coordinator for the follo	er client may have witnessed the Executive Coordinator  e when the Executive lient #1 on the face, but what happened.  ith Client #3 revealed: Coordinator hit Client #1  coordinator pat Client #1's was upset after the  ith the Qualified aled: dinator patted Client #1 on #1 asked the Executive; and angry after the Executive lient #1 on the cheek; ion with the Executive ving week in supervision.  ith the Executive : he cheek when she passed				
	#1; -Regrets the situation -Client #1 had previou the Executive Coordin	with Client #1 happened; usly and continuously asked				

#1.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL060785	B. WING		07	//09/2019	
NAME OF D	POVIDED OD SLIDDI IED		ODDESS CITY STA	TE ZID CODE	1 0.	70072010	
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  1418 JULES COURT						
MIRACLE	MIRACLE HOUSE 1 CHARLOTTE, NC 28226						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE			

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