	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		MHL0601048	B. WING		R <b>07/22/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MIRACLE	HOUSES-SWEARINGAN		ARINGTON RO	AD	
			TE, NC 28216		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	An annual, complaint completed on 7/22/19 unsubstantiated (Intal Deficiencies were cite	ke #NC153031).			
	category: 10A NCAC	d for the following service 27G .1700 Residential re for Adolescents and			
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112		
	PLAN  (c) The plan shall be assessment, and in p legally responsible per of admission for client receive services beyon (d) The plan shall incompose (e) achieved by provision projected date of achieved by provision projected date of achieved (e) strategies;  (3) staff responsible;  (4) a schedule for reannually in consultation responsible person of (5) basis for evaluation outcome achievement (6) written consent of responsible party, or a session of the plant of the pl	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to and 30 days. Clude:  I that are anticipated to be a of the service and a dievement;  I view of the plan at least on with the client or legally r both;  ion or assessment of			

Division of Health Service Regulation

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

TITLE (X6) DATE

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		MHL0601048	B. WING		07/22/2019
NAME OF D	ROVIDER OR SUPPLIER	QTDEET AF	DRESS, CITY, STA	ATE ZIP CODE	
NAME OF T	NOVIDEN ON 3011 LIEN		EARINGTON RO	·	
MIRACLE	HOUSES-SWEARINGAN	<b>J</b>	TTE, NC 28216		
	OLIMANA DV. OT				NI
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 112	Continued From page	e 1	V 112		
	interviews, the facility	as evidenced by: view, observations and v failed to ensure strategies implemented to meet client			
	-	d clients (#1, #2, #3). The			
	Review on 7/10/10 of client #1's record revealed: -admission date of 8/31/18 with diagnoses of				
		regulation Disorder(DMDD), ıtism Spectrum Disorder			
	and Attention Deficit I Disorder(ADHD);	Hyperactivity			
	-age 15 years;				
	-admission assessme				
		had poor impulse control,			
	was easily annoyed,	gression, stole, had temper			
		suspensions, was easily			
		ssive aggressive, displayed			
	poor judgement and p				
	•	7/19/18 with last update			
		ne following goals: improve rn and implement coping			
		pulsive behaviors, follow			
	•	sk, express frustrations and			
	anger in a safe way,	no aggression, no self-harm,			
	_	tine, remain in assigned			
		aily, complete assignments,			
		and no school suspensions; ded 24/7/365 supervision,			
		pehavioral point system,			
		, link to other services,			
		al services, teach ongoing			

Division of Health Service Regulation

STATE FORM R13D11 If continuation sheet 2 of 16

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		_
		MHL0601048	B. WING		R 07/22/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MIRACLE HOUSES-SWEARINGAN  5212 SWEARINGTON ROAD  CHARLOTTE, NC 28216					
MINAULL	TIOOOEO-OWEAKINOAK	CHARLOT	TE, NC 28216		
(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 APPROPE DEFICIENCY)	BE COMPLETE
V 112	coping and anger ma incentives for positive model strategies, use activities, give choice utilize Stoplight techn daily, check mental hetreatment plan goal past three months clie progress with followin horseplay with peers, aggression and strugbehaviors; -crisis plan dated 7/19 included people pickin him, he will display agcrisis strategies include prompt him to ignore remove him and sepaprompt him to walk aversies with a sepaprompt him to walk aversies and the sepaprompt him to wa	nagement skills, provide behaviors, role play and calming relaxation is to address preferences, ique, discuss emotions ealth status daily; progress documented for ent #1 has made minimal ig directions, tried to displayed verbal igled with impulsive in a response, ded breathing to calm down, others who pick on him, arate him from the situation, way.  client #2's record revealed: 7/19 with diagnosis of order, Reactive Attachment opresis and Enuresis; ent dated 2/20/19 in had a pessimistic outlook ression, defiance, rs, anger outbursts, non-compliance, poor int, irritability and had a lation; 2/19/19 documented the oly with rules, limits and redirection and eating end accountable for his	V 112		
	actions, improve copi symptoms of depress	_			

Division of Health Service Regulation

STATE FORM R13D11 If continuation sheet 3 of 16

Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		R
		MHL0601048	B. WING		07/22/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
			EARINGTON RO		
MIRACLE	HOUSES-SWEARINGAN	<b>J</b>		AD .	
		CHARLO	TTE, NC 28216		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	, ,
PREFIX	*	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	
TAG	REGULATORT OR I	ESC IDENTIF TING INFORMATION)	TAG	DEFICIENCY)	JAIL
				,	
V 112	Continued From page	e 3	V 112		
	triagoro inorogoo nos	sitive colfimage no			
	triggers, increase pos				
	self-harm, no suicidal				
	•	s towards others, no false			
		ulation, decrease frequency			
		llsive, defiant behaviors,			
	· · · · · · · · · · · · · · · · · · ·	e relations with family			
		ealthy relations with peers;			
	-staff strategies include	ded 24/7/365 supervision,			
	implementation of a b	pehavioral point system,			
	review points earned,	, link to other services,			
	assist with education	al services, teach ongoing			
	coping and anger ma	nagement skills, provide			
	incentives for positive	behaviors, role play and			
	model strategies, ens	sure understanding of			
	_	ming relaxation activities,			
	•	ess preferences, compliment			
	_	echnique, discuss emotions			
	daily;	47			
	-	progress documented for			
		ent #2 continued to display			
	aggression towards s				
	threats, struggled with	• •			
		with following directions,			
	was not able to get be				
	9	9/19 documented strategies			
	·	ement, a higher level of care			
		itial treatment facility/PRTF)			
		to reflect crisis strategies			
		el client #2 was currently			
	•	current crisis strategies to			
	handle aggression.				
	Davidana - 7/40/40 0	i aliant #Ola na ann l			
		client #3's record revealed:			
		8/19 with diagnosis of			
		d Oppositional Defiant			
	Disorder;				
		ster facility on 5/29/19 with			
		due to aggression and			
	bullying, caused a fea	arful environment for his			

STATE FORM 6899 R13D11 If continuation sheet 4 of 16

DIVISION	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			D WING		R
		MHL0601048	B. WING		07/22/2019
NAME OF D	DOVIDED OD CUDDUED	CTDEET AS	DDECC CITY CTA	TE 710 CODE	
NAIVIE OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
MIRACLE	HOUSES-SWEARINGAN	5212 SWI	ARINGTON RO	OAD	
MINAGEL	11000L0-0WLAKINGAN	CHARLO	TTE, NC 28216		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	, , ,
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE
				DEFICIENCY)	
\/ 110	0 " 15	_	V 440		
V 112	Continued From page	2 4	V 112		
	neers treatment tean	n made a decision to move			
	•	with clients closer to his			
	-	with chefts closer to fils			
	physical size;				
	-age 12 years old;				
	-admission assessme				
		was in a PRTF, had been			
	in 4 PRTFs and 4 Lev	el III placements, stole his			
	mother's car and was	arrested, was on probation,			
	displayed verbal and	physical aggression, fought			
	with peers, displayed	profanity and fire setting,			
	choked his aunt with				
		I not take responsibility for			
	his actions and ran av				
		4/9/19 documented the			
		onstrate improvement in			
	0 0	s of aggression, no cursing,			
		lentify new ways to manage			
		s, identify and use coping			
		undaries and social skills			
		th rules and expectations in			
	all settings, accept "n	G G.			
	aggression and threa				
	paraphernalia lighters	s, matches, flammable			
	devices, attend school				
	assignments, no scho	ool suspensions, establish a			
	restful sleep pattern a	and awake in three prompts;			
	-staff strategies include	ded 24/7/365 supervision,			
	implementation of bel	navioral point system,			
		link to other services,			
	·	al services, teach ongoing			
		nagement skills, provide			
		behaviors, role play and			
	model strategies, ens				
		ming relaxation activities,			
		-			
	_	ss preferences, compliment			
		echnique, discuss emotions			
	daily;				
	-crisis plan dated 4/9/	19 documented			

Division of Health Service Regulation

strategies(such as chemical restraint, physician

STATE FORM 6899 R13D11 If continuation sheet 5 of 16

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
						R
		MHL0601048	B. WING			22/2019
NAME OF P	ROVIDER OR SUPPLIER	STRFFT AF	DRESS, CITY, STA	TE. ZIP CODE	-	
			EARINGTON RO	•		
MIRACLE	HOUSES-SWEARINGAN	V	TTE, NC 28216	,AD		
			TTE, NC 20210	T		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE , DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 112	Continued From page	e 5	V 112			
	the previous placeme PRTF) and was not u strategies appropriate	raint, control time outs) for ent, a higher level of care (a updated to reflect crisis e to the level client #3 was d and no current crisis aggression.				
	Review on 7/15/19 ar	nd 7/16/19 of personnel				
	charts revealed:	·				
	Direct Care staff with Carolina Interventions -staff #2 was hired or Direct Care staff with Carolina Interventions Review on 7/16/19 of	n 4/2/15 with the job title of completed training in North is (NCI) Plus on 4/27/19; in 4/18/19 with job title of completed training in North is (NCI) Plus on 4/8/19.				
		ompleted by staff #1 and				
		following documented: to go outside between				
		play basketball and dodge				
	ball;	play basketball and douge				
	-client #3 and his pee and dodgeball; -client #3 became dis	-				
		t #3 and encouraged him to				
	to engage with his pe					
	basketball and dodge	o be disrespectful to his				
	peers and staff;	o be disrespectful to his				
		ent #3 not to disrespect				
	staff;	ont 40 not to distespect				
	-client #3 continued to	o curse and call staff				
	names;	5 55.55 and san stan				
	•	to take a time out to cool				
	-client #3 became ira	te and refused to calm				
	down; -client #2 yelled agair	n at client #3 and told him to				

Division of Health Service Regulation

STATE FORM 6899 R13D11 If continuation sheet 6 of 16

STATEMENT OF DEFI		(X1) PROVIDER/SUPPLIER/CLIA	(V2) MULTIPLE	CONSTRUCTION	
		IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL0601048	B. WING		R <b>07/22/2019</b>
NAME OF PROVIDER	OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
MIDAGLELIQUE	C CWEADING AN	5212 SW	EARINGTON RO		
MIRACLE HOUSE	S-SWEARINGAN	CHARLO	TTE, NC 28216		
(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 APPROPE DEFICIENCY)	BE COMPLET
V 112 Contir	ued From page	e 6	V 112		
stop s -client swing face;" -"Staff [client -staff: proce: to eac -there  Intervi -"got k -client -happ -client -staff: client him; -staff: ball at -durin watch  Obser reveal -a red -scratt the let	peaking to staff #3 approached ng on each othe immediately in #3] and his pea separated client sed with both of h other; were no further ew on 7/15/19 v peat up by [clien #2 punched hir ened on back de #1 "stomped hid did not break the #1 and #2 were #2 told them to a him; g fight, staff #2 ing them.  vation on 7/15/ ed: scratch under h ches and slight t side of his face	in a disrespectful way; I client #2 and "they began er on him hitting him in the  tervened and separated er;"  #2 and client #3, clients, and they apologized  r incidents that day.  with client #3 revealed: at #2];" m in the face; eck; im;" e fight up; e throwing the dodge ball at  stop throwing the dodge was in the house, not  19 at 12:20pm of client #3 nis right eye; discoloration(light blue) on e near the jawline.  19 at 11:25am of the facility			

small back deck;

-off the living room to the left was a doorway

-small laundry room had a door leading to a

-back deck had steps leading to a backyard with a paved driveway, a garage and a basketball

leading into a small laundry room;

STATE FORM 6899 R13D11 If continuation sheet 7 of 16

Division of	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			P WING		R
		MHL0601048	B. WING		07/22/2019
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	
	10 115211 011 001 1 21211		EARINGTON RO		
MIRACLE	HOUSES-SWEARINGAN	<b>J</b>		AD	
			OTTE, NC 28216		T
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	\ -,
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	
TAG	NEGOLATORT OR I	ESC IDENTIF TING IN ORMATION)	TAG	DEFICIENCY)	NAIL
				,	
V 112	Continued From page	e 7	V 112		
	goal				
	goal.				
	Interview on 7/40/40	with alignt #2 revealed.			
		with client #2 revealed:			
	-was playing dodgeba				
	_	inst client #3 and client #4;			
		44 three times so he was			
	out;				
		ent #3, got him out, client #3			
	got mad;				
	-client #3 was asking why did client #2 threw the				
	ball at him, it was not				
	-	g inside to get some water;			
	•	nt #2 on the back deck by			
	the back door and ca	•			
		id not like to be touched and			
	when someone touch				
		2 to "get out of my face;"			
		t #3 why he pushed him;			
	-client #3 "popped" cl				
		it client #3 "a couple times;"			
		back deck with them, tried to			
	calm them down;				
		2 who was not in the back			
	yard with them;				
		rom the front of the facility			
	and broke the fight up	0.			
	74540	20 8 4 94			
		with client #1 revealed:			
	•	ir chores and hygiene done;			
	-staff #2 told the clien				
		t to go to outside, was			
	inside cussing and ye	-			
		t #3 disrespecting staff and			
	told client #3 to stop;				
	-staff #2 told everybo				
		getting his phone charger;			
	-clients were playing	basketball, then decided to			

change game to dodgeball;

-client #1 and #2 were on a team against client

STATE FORM 6899 R13D11 If continuation sheet 8 of 16

Division of	of Health Service Regu	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	or connection	BENTI TOATION NOWBER.	A. BUILDING: _		OOWII EETED
			B. WING		R
		MHL0601048	B. WING		07/22/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
MIRACLE	HOUSES-SWEARINGAN		EARINGTON RO	AD	
		CHARLO	OTTE, NC 28216		
(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 APPROPE DEFICIENCY)	BE COMPLETE
V 112	Continued From page	2.8	V 112		
	#3 and client #4;	nt #2:			
	-throwing balls at clie	d told them to stop throwing			
	balls at client #3;	a tola them to stop throwing			
		ving to knock down the back			
	door with his body;				
	-staff #1 was inside o				
	-staff #2 went back in	<u> </u>			
	-client #2 started pund				
	scared, crying;	up in a ball in a corner,			
		ill out and took client #3			
	inside.	iii out and took olione no			
		with client #4 revealed:			
	-was in backyard play	-			
	-client #3 wanted to g				
	-staff #2 said it was o -staff #2 was inside the				
		with them on the back deck;			
		2 started "beating up [client			
	#3]" on the back deck	- · ·			
	-client #3 "crumbled ι	ıp in a ball" in the corner of			
	the back deck;				
		2 were hitting and kicking			
	him;	an the continue finish.			
	-staff #2 was "watchir	ng the entire fight;" 'stop" but did not intervene			
	any other way;	stop but the not intervene			
	-staff #2 was inside th	ne facility:			
	-staff #2 came out an				

and chores;

-clients wanted to go outside;

-clients picked the game of basketball;

-client #3 was new to the facility, had been very

Interview on 7/15/19 with staff #2 revealed:
-was doing the normal weekend routine;
-had finished medications, breakfast, hygiene

STATE FORM 6899 R13D11 If continuation sheet 9 of 16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED				
	MHL0601048	B. WING	R 07/22/2019				

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## **5212 SWEARINGTON ROAD**

(X4) ID SUMMARY STATEMENT OF DEFICIEI PREFIX (EACH DEFICIENCY MUST BE PRECEDEI TAG REGULATORY OR LSC IDENTIFYING INFO	CHARLOTTE, NC 28216  NCIES ID	DDOWDEDIO DI AN OF CODDECTION	
	D BY FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112 Continued From page 9	V 112		
disrespectful to staff; -client #3 did not want to go outside; -clients were playing basketball then st playing dodgeball; -tried to keep diffusing client #3, client wanted to go inside; -client #3 was still being very disrespected to disrespecting staff; -client #2 and client #4 told client #3 to disrespecting staff; -client #2 and client #3 began arguing; -staff #2 tried to tell them to stop; -few minutes later, client #2 and client arguing, redirected both; -do not remember who swung first; -before got to client #2 and client #3, the "quick brawl;" -separated clients, staff #1 helped; -client #3 had a bruise on the side of hitelacked to both clients about the fight; -was a "15 second brawl, got to them immediately."  Interview on 7/16/19 with staff #1 revected clients were outside on a Saturday; -playing basketball then started playing dodgeball; -client #2 got upset with client #3 being disrespectful to staff; -client #2 got upset with client #3 being disrespectful to staff; -client #2 threw the ball hard at client #4 him in the face; -she and staff #2 ran over as fast as the to calm clients down; -"clients moving so fast;" -scratch on client #3's face; -client #3 new to the facility; -staff #2 was outside on the back deck time;	tarted #3 still ctful; stop  #3 kept here was a is face; aled: g to staff g #3 and hit hey could		

Division of Health Service Regulation

STATE FORM 6899 R13D11 If continuation sheet 10 of 16

MHL0601048    B. WING		T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  **STATE ADDRESS SWEARINGTON ROAD CHARLOTTE, NC 28216  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 112  Continued From page 10  -client #3 kept hitting the back door; -after the fight was broken up, client #3 was sitting by the back door on the back deck "kind of like a fetal position;" -did not see client #3, did not see client #1 kick client #3, client #4 was not involved in the altercation; -processed with clients not be too rough and no dodgeball.  Interview on 7/16/19 and 7/18/19 with the Executive Coordinator revealed: -information gathered during survey interviews was not the initial information they received right	AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  **STATE ADDRESS SWEARINGTON ROAD CHARLOTTE, NC 28216  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 112  Continued From page 10  -client #3 kept hitting the back door; -after the fight was broken up, client #3 was sitting by the back door on the back deck "kind of like a fetal position;" -did not see client #3, did not see client #1 kick client #3, client #4 was not involved in the altercation; -processed with clients not be too rough and no dodgeball.  Interview on 7/16/19 and 7/18/19 with the Executive Coordinator revealed: -information gathered during survey interviews was not the initial information they received right						R	
MIRACLE HOUSES-SWEARINGAN  5212 SWEARINGTON ROAD CHARLOTTE, NC 28216  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 112  Continued From page 10  -client #3 kept hitting the back door; -after the fight was broken up, client #3 was sitting by the back door on the back deck "kind of like a fetal position;" -did not see client #3 hit client #2, did not see client #1 kick client #3; -client #4 was not involved in the altercation; -processed with clients not be too rough and no dodgeball.  Interview on 7/16/19 and 7/18/19 with the Executive Coordinator revealed: -information gathered during survey interviews was not the initial information they received right			MHL0601048	B. WING			)
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(X4) ID PREFIX TAG    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)    V 112   Continued From page 10	MIRACLE	HOUSES-SWEARINGAN	V		AD		
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 112  Continued From page 10  -client #3 kept hitting the back door; -after the fight was broken up, client #3 was sitting by the back door on the back deck "kind of like a fetal position;" -did not see client #3 hit client #2, did not see client #1 kick client #3; -client #4 was not involved in the altercation; -processed with clients not be too rough and no dodgeball.  Interview on 7/16/19 and 7/18/19 with the Executive Coordinator revealed: -information gathered during survey interviews was not the initial information they received right		0.11.11.42.57.4.07			PROVIDENCE DI AMI OF CORRECTIO		
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-after the fight was broken up, client #3 was sitting by the back door on the back deck "kind of like a fetal position;" -did not see client #3 hit client #2, did not see client #2 hit client #3, did not see client #1 kick client #3; -client #4 was not involved in the altercation; -processed with clients not be too rough and no dodgeball.  Interview on 7/16/19 and 7/18/19 with the Executive Coordinator revealed: -information gathered during survey interviews was not the initial information they received right	V 112	Continued From page	e 10	V 112			
-plan to look into situation again; -staff reported they were both present and intervened as soon as the fight happened; -have some questions for staff to obtain more clarity regarding incident; -did not think dodgeball was appropriate activity for clients with aggressive issues; -thought crisis plans were updated from prior placement, will make sure crisis plans are updated immediately with strategies for Level III placement; -will ensure staff trained on newly updated crisis plans.  Review on 7/18/19 of a Plan of Protection dated 7/18/19 and signed by the Executive Coordinator revealed: -"What will you immediately do to correct the above rule violation in order to protect clients from further risk or additional harm? Miracle Houses Inc. will update crisis plans if consumers	V 112	-client #3 kept hitting -after the fight was br sitting by the back do like a fetal position;" -did not see client #3 client #2 hit client #3, client #4 was not inv -processed with clien dodgeball.  Interview on 7/16/19 Executive Coordinate -information gathered was not the initial info after the incident occ -plan to look into situe -staff reported they w intervened as soon a -have some question clarity regarding incid -did not think dodgeb for clients with aggres -thought crisis plans w placement, will make updated immediately placement; -will ensure staff train plans.  Review on 7/18/19 of 7/18/19 and signed b revealed: -"What will you imme above rule violation in from further risk or acc	the back door; roken up, client #3 was for on the back deck "kind of  hit client #2, did not see   did not see client #1 kick  rolved in the altercation; ts not be too rough and no  and 7/18/19 with the or revealed: d during survey interviews formation they received right turred; ation again; fere both present and s the fight happened; s for staff to obtain more lent; all was appropriate activity ssive issues; were updated from prior sure crisis plans are with strategies for Level III  and on newly updated crisis  f a Plan of Protection dated by the Executive Coordinator  diately do to correct the order to protect clients diditional harm? Miracle	V 112			

Division of Health Service Regulation

STATE FORM R13D11 If continuation sheet 11 of 16

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
	A. BUILDING:							
			B. WING		R			
		MHL0601048	B. WING		07/22/2019			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MIRACLE	MIRACLE HOUSES-SWEARINGAN 5212 SWEARINGTON ROAD							
CHARLOTTE, NC 28216								
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE			
V 112	Continued From page	<del>2</del> 11	V 112					
V 112	monthly meetings to a consumer served. Cli continue monthly train based and focused of treatment/diagnosis of will receive supervision contract. as of 7/19/19 to addressed. Miracle Houses 7/20/19 - PCP(Person Plan, Diagnosis and S-"Describe your plans happens. Training de consumers will be he supervision. Staff will they are fully aware a consumers served. S post-test during montare aware of each coprofile. QP (Qualified PCPs and crisis plansensure consumers cli addressed and met will client #1 had identified picking and yelling at response was physical Client #2 had a history will be the consumers will be the supervision.	address safety risks of each nical team will also ning that will be evidenced in current of consumers served. Staff on as needed or per Crisis plans will be updated ess consumers' clinical s, Inc. will have training on in Centered Plan), Crisis Safety Training;" to make sure the above signed to address current id monthly as well as meet monthly to ensure and knowledgeable of taff will take pre-test and hily trainings to ensure they insumers behaviors/clinical Professional) will ensure all as are person centered to inical needs are being while they are in services."	V 112					
	Client #3 had triggers do something he did getting his way which	including being asked to not want to do and not resulted in verbal and						
	Staff #1 and staff #2 a #3 to engage in a gar	owards peers and staff. allowed clients #1, #2 and ne of physical contact beutic activity. A physical						
	altercation during the clients #1, #2 and #3	dodgeball game between resulted in client #3 having ght eye and a scratch and						

Division of Health Service Regulation

STATE FORM R13D11 If continuation sheet 12 of 16

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL0601048	B. WING		R 07/22/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MDAGLE	HOHOEO OWEADING AN	5212 SWE	ARINGTON RO	AD		
MIRACLE	HOUSES-SWEARINGAN	CHARLOT <sup>*</sup>	TE, NC 28216			
(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 APPROPE DEFICIENCY)	BE COMPLETE	
V 112	Continued From page	e 12	V 112			
	slight bruise along his jawline. Staff #1 and staff #2's responses to the situation/client aggression involved verbal prompting and separating clients without utilizing identified strategies in client #1, #2 and #3's treatment plans such as utilizing calming relaxation activities, give choices to address preferences and utilizing the Stoplight technique. Client #2 and client #3's crisis plans were not updated with appropriate strategies for the current service level to address physical aggression. This lack of developed and implemented crisis strategies to address clients' aggression and decision to allow clients to engage in a physical contact sport was detrimental to the health, safety and welfare of clients #1, #2 and #3. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.					
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	only be administered order of a person authorugs.  (2) Medications shall clients only when authories physician.  (3) Medications, incluadministered only by unlicensed persons tr	stration: n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and				

Division of Health Service Regulation

STATE FORM R13D11 If continuation sheet 13 of 16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL0601048		B. WING		R 07/22/2010		
MHL0601048  STREET ADDRESS, CITY, STATE, ZIP CODE  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE						
MIRACLE	HOUSES-SWEARINGAN		ARINGTON RO TE, NC 28216	AD		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 118	medications.  (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:  (A) client's name;  (B) name, strength, and quantity of the drug;  (C) instructions for administering the drug;  (D) date and time the drug is administered; and  (E) name or initials of person administering the drug.  (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.		V 118			
	interviews, the facility medications were pre MARs were kept curr of 4 clients (#2). The Review on 7/10/19 of admission date of 3/Disruptive Mood Dyst Conduct Disorder, Redisorder, Attention De Encopresis, Enuresis aphysicians' orders da following medications twice daily, guanfacing one tablet daily, Risponders of the MARS were presented to the properties of the propert	riew, observations and ifailed to ensure escribed as ordered and ent and accurate affecting 1 findings are:  client #2's record revealed; 7/19 with diagnoses of regulation Disorder, eactive Attachment eficit Hyperactivity Disorder, and Vitamin D Deficiency;				

Division of Health Service Regulation

STATE FORM R13D11 If continuation sheet 14 of 16

DIVISION	n nealth Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFIC		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					!	
		MHL0601048	B. WING		07/2	2/2019
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	,		
MIRACIF	HOUSES-SWEARINGAN	5212 SW	EARINGTON RO	DAD		
	1100010 01111 1111107 111	CHARLO	TTE, NC 28216			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
V 118	Continued From page	14	V 118			
	Continued From page	, , ,				
	10mg one tablet daily	,				
	-physician's order dat	ed 3/7/19 for Vitamin D				
	1.25mg weekly on Fri	day, Melatonin 5mg one				
		tadine(generic for Claritin)				
	10mg one tablet at be	,				
	•	ed 3/29/19 for Vyvanse				
	30mg one tablet in the					
	Joing one tablet in the	c am.				
	Observations on 7/15	/10 at 10:21am of alignt				
	Observations on 7/15/19 at 10:21am of client					
	#2's medications on site revealed:					
	-Lithium 450mg one tablet twice daily dispensed					
	5/21/19;					
	-guanfacine 4mg one tablet daily dispensed					
	6/20/19; -Risperidone 1mg one tablet twice daily					
	dispensed 7/1/19;					
	-escitalopram 10mg of	one tablet daily dispensed				
	5/29/19;					
	-Vyvanse 30mg one t	ablet in the am not on site;				
		eekly on Friday not on site;				
	-Melatonin 5mg one tablet at bed not on site;					
	-loratadine 10mg one tablet at be not on site.					
	loratadine ronig one	tablet at be not on site.				
	Poviow on 7/10/10 an	nd 7/15/19 of client #2's				
	MARs from 5/1/19-7/	TO 18 TEVERIEU LITE				
	following:	E/04 for Lithium 450				
		-5/31 for Lithium 450mg,				
		peridone 1mg, escitalopram				
	10mg; Vitamin D 1.25	img, Melatonin 5mg,				
	loratadine 10mg;					
	-Vyvanse 30mg one t	ablet in the am listed on the				
	MARS but not docum	ented as administered from				
	5/1-7/15;					
	•	ot listed on July 2019 MAR;				
	_	listed on July 2019 MAR;				
	_	mented as administered				
	from 5/1-7/15.	montou do danii/listorea				
	Interview on 7/15/10 v	with client #2 revealed:				
	111101 VIC VV OII // 10/ 19 \	mili ononi #2 lovoaicu.	1	1		

Division of Health Service Regulation

STATE FORM R13D11 If continuation sheet 15 of 16

MHL0601048  B. WING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			MHI 0604049	B. WING		0.7	
	NAME OF PROVIDER OR			1	TE ZID CODE	07	12212019
5212 SWEARINGTON ROAD							
MIRACLE HOUSES-SWEARINGAN CHARLOTTE, NC 28216	MIRACLE HOUSES-S	-SWEARINGAN	CHARLO	OTTE, NC 28216			
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	PREFIX (EA	EACH DEFICIENC	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118  Continued From page 15 -never missed any medications while at the facility; -missed when he was on the run; -staff always give him all his medications.  Interview on 7/15/19 with the House Manager revealed: -getting refill on Melatonin; -discontinue on other medications; -Vyvanse discontinued several months ago; -not sure about why May 2019 MAR has blanks; -client #2 gets all medications as prescribed.  Further review on 7/15/19 of client #2's record revealed a printout from a local medical facility dated 4/9/19 with instructions to discontinue Vyvanse 30mg one tablet in the am.	-never mis facility; -missed was -staff alway Interview revealed: -getting residuation -Vyvanse -not sure -client #2  Further reseased a dated 4/9,	when he was ways give him w on 7/15/19 vd: refill on Melatinue on other e discontinue e about why Melatinue on 7/1 da printout fro /9/19 with inst	on the run; all his medications.  with the House Manager  onin; medications; d several months ago; May 2019 MAR has blanks; dications as prescribed.  5/19 of client #2's record on a local medical facility ructions to discontinue	V 118			

Division of Health Service Regulation

STATE FORM R13D11 If continuation sheet 16 of 16