

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 08/09/2019
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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 August 9, 2019. The complaint was substantiated (intake #NC00154077). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents and 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. 	V 110		

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

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V 110	<p>Continued From page 1</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews three of three current staff (#2, #4 and #6/Staff Designee in absence of the Qualified Professional (QP) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 08/08/19 of Former Client #4's (FC) record revealed: - 15 year old female. - Admission date of 03/11/19. - Discharged date of 08/01/19. - Diagnoses of Generalized Anxiety Disorder, Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder.</p> <p>Review on 08/09/19 of staff #2's record revealed: -Hire date of 01/09/07. -Direct Care Staff.</p> <p>Review on 08/09/19 of staff #4's record revealed: -Hire date of 05/23/18. -Direct Care Staff.</p> <p>Review on 08/09/19 of staff #6/Staff Designee in absence of the Qualified Professional (QP)'s record revealed: -Hire date of 03/09/04.</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>-Direct Care Staff.</p> <p>Review on 08/08/19 of the North Carolina Incident Response Improvement System (IRIS) report for FC #4 revealed:</p> <ul style="list-style-type: none"> - Date of Incident: 07/21/19. - Incident Comments: "Consumer was upset she could not wear makeup and when asked to go down the hall to wash it off. She shoved staff (staff #4) and staff (staff #4) said excuse you, hit me (staff #6/staff designee in absence of the QP), consumer went in the bathroom slam the door staff with the door and when staff tried to open the door consumer put her body against the door trying to prevent staffstaff from opening the door. Once staff open the door consumer started punching staff. Staff grabbed her hands to stop her from hitting staff, that's when staff (staff #6/staff designee in absence of the QP) asked (staff #4) to let her go to let her calm down. Consumer started hitting and kicking me (staff #6/staff designee in absence of the QP) and at that point staff (staff #2) and (staff #4) held her down until she stopped kicking..." <p>During the survey process compled on 08/09/19 FC #4 had been discharged to an out of state facility per her legal guardian and was not available for interview.</p> <p>During interview on 08/08/19 client #1 stated:</p> <ul style="list-style-type: none"> -She was present in the facility on 07/21/19 when FC #4 returned to the facility and was wearing makeup and was asked by staff #6/Staff Designee in absence of the QP to remove her makeup. -FC #4 refused to remove her makeup and "she started fighting with staff and they restrained her." - FC#4 told her the other client staff had choked her. 	V 110		

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V 110	<p>Continued From page 3</p> <p>-She did not observe any marks on FC 4's neck or face after the incident. -Everyone went to church after the incident. -She didn't observe the incident only heard the incident.</p> <p>During interview on 08/08/19 client #3 stated: -She was present in the facility on 07/21/19 when FC #4 returned to the facility and was wearing makeup and was asked by staff #6/Staff Designee in absence of the QP to remove her makeup. -Staff restrained her, made her remove her makeup and then they all went to church. -She did not observe any marks on FC 4's neck or face after the incident. -She didn't observe the incident only heard the incident.</p> <p>During interview on 08/09/19 staff #2 stated: -"...Her (FC #4) make up was taken away, that was it, she had snuck makeup in after she came back from a run away...she was asked to take the makeup off. She wanted to fight [staff #6/Staff Designee in absence of the QP] and she ran into the bathroom and went to swinging on [staff #6/Staff Designee in absence of the QP]...we restrained her on the floor...[staff #4] held her hands and I held her feet. We talked to her until she calmed down and took her makeup off and went to church." - No staff choked FC #4 or harmed her. - No marks were observed on FC #4's neck or face caused by the staff.</p> <p>During interview on 08/08/19 staff #4 stated: - Incident on 07/21/19 - "[staff #6/staff designee in absence of the QP] told her (FC #4) to take off her make up to go to church, she walked past me in the hallway and bumped me and I said excuse</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>you and she said no excuse you, move. And she went into the bathroom and slammed the bathroom door. And I opened it up. And when I got in the bathroom with her she started slamming and swinging and hitting and I grabbed her wrists and [staff #2] grabbed her feet and we took her down to the floor until she calmed down...she took the make up off and we went to church...I didn't choke her, no ma'am, nobody choked her..."</p> <p>-She did not observe any marks on FC #4's face or neck after the incident.</p> <p>During interview on 08/08/19 staff #6/staff designee in absence of the QP stated: -7/21/19 incident - FC #4 put on makeup and "we told her she could not have makeup, we were getting ready for church..." -There was "30 seconds of her on the floor" and "she was released." -"She said we had "choked her" and "I let her call DSS" (department of social services). -"I didn't see no marks on her."</p>	V 110		
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 	V 111		

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V 111	<p>Continued From page 5</p> <p>of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <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 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 08/08/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 13 year old female. - Admission date unable to be determined due to no assessment documented for review. - Diagnoses of Disruptive Mood Dysregulation Disorder and Attention Deficit Hyper Activity Disorder with Depressive Symptoms. - No documentation of a facility admission assessment prior to the delivery of services at the facility. 	V 111		

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V 111	<p>Continued From page 6</p> <p>Interview on 08/09/19 client #1 stated: - She was admitted to the facility on 05/31/19. - She was in the legal custody of a local Department of Social Services.</p> <p>Interview on 08/08/19 staff #6/staff designee in absence of the Qualified Professional (QP) stated the QP completed the admission assessments prior to the clients admission to the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 111		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by:</p>	V 114		

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V 114	<p>Continued From page 7</p> <p>Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 08/09/19 of the facility fire and disaster drill forms revealed the following shifts:</p> <ul style="list-style-type: none"> - 1st shift/Weekday, 7am-3:00pm. - 2nd shift/Weekday, 3:00pm-11:00pm. - 3rd shift/Weekday, 11:00pm-7:00am. - 1st shift/Weekend, 11am-11pm. - 2nd shift/Weekend, 11pm-11am. <p>Review on 08/09/19 of facility records revealed:</p> <ul style="list-style-type: none"> - No documented weekend fire and disaster drills for July 2018 through July 2019. <p>Interview on 08/09/19 staff #6/staff designee in absence of the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> - She was aware fire and disaster drills should be completed quarterly and repeated on each shift. -They had always done fire and disaster drills this way and would work with staff to complete the weekend shift fire and disaster drills. 	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review, observations, and interview, the facility failed to administer medications as ordered by the physician affecting 1 of 3 audited clients (client #1). The findings are:</p> <p>Review on 08/08/19 of client #1's record revealed: -13 year old female -Diagnoses of Disruptive Mood Dysregulation Disorder and Attention Deficit Hyper Activity Disorder with Depressive Symptoms.</p> <p>Review on 08/08/19 of client #1's August 2019</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>MARs revealed: -Melatonin order was transcribed as administered 10 mg every night for 08/01/19 through 08/07/19. -No medical orders dated for Melatonin 10 mg (milligrams) 1 -2 tablets every night. (sleep aid)</p> <p>Review on 08/08/19 of client #1's August 2019 MARs revealed: -Aptensio XR 30mg (treatment of Attention Deficit Hyperactivity Disorder) order dated 06/19/19. - No staff documentation of medication received from 08/01/19 through 08/08/19.</p> <p>Observations on 08/08/19 at 2:30 pm of client #1's medications on hand revealed no available Aptensio XR 30mg in client #1's medication box.</p> <p>Interview on 08/08/19 client #1 stated: -She took medications but "ran out" (Aptensio) of one of her medications.</p> <p>Interview on 08/08/19 staff #6/staff designee in absence of the QP (Qualified Professional) stated: -The order had to be clarified by the doctor and the doctor was only in his office on Fridays and they would need to contact him to clarify the order to get client #1's medication filled. -Client #1 had been without the medication Aptensio XR 30mg since 08/01/2019.</p>	V 118		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of</p>	V 132		

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V 132	<p>Continued From page 10</p> <p>unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility</p>	V 132		

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V 132	<p>Continued From page 11</p> <p>failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR). The findings are:</p> <p>Refer to tag V110 for details.</p> <p>Review of facility records on 08/09/19 revealed no documentation the HCPR was notified of FC #4's allegation of abuse on 07/21/19 against facility staff.</p> <p>During interview on 08/09/19 staff #6/staff designee in absence of the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> -She believed the QP had talked to the staff and clients about the incident on 07/21/19 but she was unsure if anything was written up or documented. -No internal investigation was presented for review by the end of the survey process. 	V 132		
V 298	<p>27G .1706 Residential Tx. Child/Adol - Operations</p> <p>10A NCAC 27G .1706 OPERATIONS</p> <p>(a) Each facility shall serve no more than a total of 12 children and adolescents.</p> <p>(b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting.</p> <p>(c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as</p>	V 298		

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V 298	<p>Continued From page 12</p> <p>alternative learning programs, day treatment, or a job placement.</p> <p>(d) Psychiatric consultation shall be available as needed for each child or adolescent.</p> <p>(e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer.</p> <p>(f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.</p> <p>(g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to allow age-appropriate personal belongings affecting one of three clients audited Former client #4 (FC 4). The findings are:</p> <p>Review on 08/08/19 of Former Client #4's (FC) record revealed:</p> <ul style="list-style-type: none"> - 15 year old female. - Admission date of 03/11/19. - Discharged date of 08/01/19. - Diagnoses of Generalized Anxiety Disorder, Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder. - Person Centered Plan (PCP) dated 02/14/19 revealed no documentation of cell phones/makeup use/ownership/possession or any personal items was counter-indicated in FC #4's treatment plan. 	V 298		

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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 298	<p>Continued From page 13</p> <p>During interview on 08/09/19 staff #2 stated: -"[FC #4] went through a search (on 07/21/19) and we took her cell phone...and we ask her to take off her make up she had snuck in..." -"You earn your stuff, and you get your property back if you're good." - Her (FC #4) makeup was taken away."</p> <p>Interview on 08/08/19 staff #4 stated: - She had worked at the facility for one year. - Staff can take away the clients "stuff," "like makeup, fingernail polish, hair scarfs, makeup is a privilege so we take it away."</p> <p>Interview on 08/08/19 staff #6/staff designee in absence of the QP (Qualified Professional) stated: -"We do take their things (personal items) when they come in (at admission)..like makeup, toys, phones, they can get it back if they are good, it's like a privilege."</p>	V 298		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse</p>	V 364		

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V 364	<p>Continued From page 14</p> <p>professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>A court order may expressly authorize visits otherwise prohibited by the existence of the</p>	V 364		

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V 364	<p>Continued From page 15</p> <p>conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or</p>	V 364		

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V 364	<p>Continued From page 16</p> <p>guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to</p>	V 364		

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V 364	<p>Continued From page 17</p> <p>G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p>	V 364		

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V 364	<p>Continued From page 18</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure the restrictions of the clients' access to personal property was documented and reviewed as required for one of three audited clients Former Client #4 (FC #4). The findings are:</p> <p>Refer to tag V298 for specifics.</p> <p>Review on 08/09/19 of the facility's house rules revealed: Program Rules: #1...#25 -"Honeymoon Period, During the first 14 days at the facility, there will be no makeup, no phone calls, mail exchange, MVP player (mobile video player). After 14 days you will be allowed to dress your room up. Effective June 2017"</p> <p>Review on 08/08/19 of Former Client #4's (FC) record revealed: - 15 year old female. - Admission date of 03/11/19. - Discharged date of 08/01/19. - Diagnoses of Generalized Anxiety Disorder, Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder. -Person Centered Plan (PCP) dated 02/14/19 revealed no documentation of cell phone or makeup use/ownership/possession was counter-indicated in FC #4's treatment plan. -No documented/review/notification of the restrictions of FC #4's personal items was on FC #4's record for review.</p>	V 364		

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V 364	Continued From page 19 Interview on 08/08/19 staff #6/staff designee in absence of the QP (Qualified Professional) stated: -The clients personal items are taken away for 14 days and returned if the clients are "good." -There is no documentation/review or notification due to the clients' personal items being returned after 14 days.	V 364		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified	V 367		

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V 367	<p>Continued From page 20</p> <p>or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the</p>	V 367		

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V 367	<p>Continued From page 21</p> <p>definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 08/08/19 and 08/09/19 of the North Carolina Incident Response Improvement System (IRIS) website revealed the following Level II incident report for the facility.</p> <ul style="list-style-type: none"> - date of incident - 07/21/19 - IRIS report dated 07/21/19. - date of incident 04/26/19 - no IRIS report submitted. - date of incident - 04/29/19 - no IRIS report submitted. <p>Review on 08/08/19 of Former Client #4's (FC) record revealed:</p> <ul style="list-style-type: none"> - 15 year old female. - Admission date of 03/11/19. 	V 367		

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V 367	<p>Continued From page 22</p> <ul style="list-style-type: none"> - Discharged date of 08/01/19. - Diagnoses of Generalized Anxiety Disorder , Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder. <p>Review on 08/08/19 of staff residential notes dated 04/26/19 revealed:</p> <ul style="list-style-type: none"> - 04/26/19, "Staff checked vent in floor and found lighter and one box of cigarettes in [FC #4]'s bedroom. [FC #4] stated, 'she had already smoked marijuana and wasn't the only one smoking.' Client was in the bathroom (of the facility) smoking." -04/29/19, Client (FC #4) did not return home from school, called police to do missing person report. <p>Interview on 08/08/19 staff #4 stated:</p> <ul style="list-style-type: none"> -FC #4 smoked cigarettes and marijuana in the bathroom of the facility and would spray to mask the smell." . <p>Interview on 08/09/19 staff #6/designee for the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> - She had not completed a Level II IRIS report for FC#4's incidents on 04/26/19 and 4/29/19. -FC #4 ran away while at school on 04/29/19 and was not returned to the group home by her legal guardian (local County Department of Social Services) until 07/11/19. 	V 367		
V 503	<p>27D .0103 Client Rights - Search And Seizure Policy</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</p>	V 503		

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V 503	<p>Continued From page 23</p> <p>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 08/08/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 13 year old female. - Admission date unable to determine. - Diagnoses of Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder with Depressive Disorder symptoms. -Treatment plan dated 06/02/19 revealed no goals or strategies to address search and seizure of personal items/property. <p>Review on 08/08/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 15 year old female. - Admission date of 07/10/19. - Diagnoses of Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder <p>Review on 08/08/19 of Former Client #4's (FC #4)</p>	V 503		

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V 503	<p>Continued From page 24</p> <p>record revealed:</p> <ul style="list-style-type: none"> - 15 year old female. - Admission date of 03/11/19. - Discharged date of 08/01/19. - Diagnoses of Generalized Anxiety Disorder , Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder <p>Review on 08/09/19 of facility records revealed no documentation of searches or seizures of clients at the facility.</p> <p>Interview on 08/08/19 client #1 stated:</p> <ul style="list-style-type: none"> - The staff "searched me went through my clothes, made me shake, take off my shoes, take my pockets out took my bra and shake it out..." <p>Interview on 08/08/19 client #3 stated:</p> <ul style="list-style-type: none"> -The staff will search you, "shake my bra" and "searched my clothes" and "check my pockets." <p>Interview on 08/09/19 staff #2 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility since 2007. - 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. <p>Interview on 08/08/19 staff #4 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility for one year. - Staff have clients take off shoes and shake their bras "can't go in their bras" to ensure no contraband is brought into the facility. - She did not document searches and seizures at the facility. <p>Interview on 08/08/19 staff #6/Staff Designee in absence of the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Staff had "stopped doing search and seizures so 	V 503		

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 08/09/2019
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 503	Continued From page 25 we wouldn't have to do IRIS reports (incident response improvement system)." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 503		
V 736	27G .0303(c) Facility and Grounds Maintenance 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: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are: Observation on 08/09/19 at approximately 1:30pm of the facility revealed: - The rolling chair in the hallway had a torn area in the fabric with the cushion exposed. - The hallway vent air wall exchange was rusty and filled with build up of grey/black matter. - The 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 baseball sized patched area. - Skuff marks/scratches throughout bedroom	V 736		

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 08/09/2019
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V 736	<p>Continued From page 26</p> <p>hallway.</p> <p>Interview on 08/09/19 staff #6/Staff Designee in absence of the Qualified Professional stated: -She had no questions regarding the identified items for repair at the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		