STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING		
		MHL036-287	B. WING		R 02/26/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
MIDAGLE		_ 2004 TW	IN AVENUE		
MIRACLE HOUSES - TWIN AVENUE GASTONI			IIA, NC 28052		
(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 APPROP DEFICIENCY)	D BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	completed on 2/26/20 unsubstantiated (Intal Deficiencies were cite	ke #NC159848).			
		27G .1700 Residential			
V 110	27G .0204 Training/S Paraprofessionals	upervision	V 110		
	SUPERVISION OF PA (a) There shall be no paraprofessionals. (b) Paraprofessionals associate professional professional as specification of subchapter. (c) Paraprofessionals knowledge, skills and population served. (d) At such time as a employment system is then qualified profess professionals shall de (e) Competence shall exhibiting core skills in (1) technical knowled (2) cultural awarenes (3) analytical skills; (4) decision-making; (5) interpersonal skill (6) communication s	s shall demonstrate abilities required by the competency-based s established by rulemaking, ionals and associate monstrate competence. I be demonstrated by ncluding: dge; ss;			
		dy for each facility shall nt policies and procedures			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	, ,	SURVEY	
	MHL036-287 B. WING 0;		R			
					02	/26/2020
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT N AVENUE	E, ZIP CODE		
MIRACLE	HOUSES - TWIN AVENU	E	A, NC 28052			
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V 110	for the initiation of the plan upon hiring each This Rule is not met Based on records rev facility failed to ensure competency for the po	individualized supervision paraprofessional. as evidenced by: iew and interviews, the e staff demonstrated opulation served for 1 of 3	V 110			
	-admission date of 11 -diagnoses of Post Tr Disorder(PTSD), Atte Disorder(ADHD) and Dysregulation Disorder -behaviors included voutbursts, property deideation(SI) and self-in- Review on 2/25/20 of -admission date of 1/2 -diagnoses of PTSD, Disorder and General -behaviors included S	client #1's record revealed: /27/19; aumatic Stress ntion Deficit Hyperactivity Disruptive Mood er(DMDD); erbal aggression, anger estruction, suicidal njurious behaviors(SIBs). client #2's record revealed: 15/20; Unspecified Depressive ized Anxiety Disorder;				
	aggression. Review on 2/25/20 of -diagnoses of PTSD a Disorder; -behaviors included S	client #3's record revealed: and Oppositional Defiant SIBs, aggression, elopement, ere attachment issues and erceived				

Division of Health Service Regulation

STATE FORM 546V11 If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MHLO36-287 MMHLO36-287 MHLO36-287 STREET ADDRESS.CITY. STATE, ZP CODE SUMMARY STATEMENT OF DEFICIENCIES RESULTIVE ATT AND PLAN OF CORRECTION PREFIX TAG OCHIO PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR I.S. IDENTIFYING INFORMATION) V110 Continued From page 2 V110 Review on 2/25/20 of staff #1's personnel record revealed: -Inited on 8/13/19, whith the job title of Direct Care Staff, -completed trainings in the following areas: Client Specific 8/13/19, Boundaries 8/13/19, Montral Health Diagnoses 8/13/19 and North Carolina Interview on 2/19/20 with client #2 revealed: -denied staff mistreated: -felt safe at the facility: -concerns with overhearing night staff talk about her; -overhear staff all her names behind her back; -heard staff fall about them; -injoht staff talk about them amens or talk mean to her. Interview on 2/19/20 with client #1 revealed: -denied staff call her names or talk mean to her. Interview on 2/25/20 with staff #1 revealed:	Division C	of Health Service Regu	lation			
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MIRACLE HOUSES - TWIN AVENUE CASTONIA, NC 28052			MHL036-287	b. WING		02/26/2020
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		-denied any staff mist	treatment;			
Interview on 2/25/20 with staff #1 revealed:		•				
Interview on 2/25/20 with staff #1 revealed:						
Interview on Z/Z0/Z0 With Staff #1 revealed.		Interview on 2/25/20	with staff #1 revealed:			
-denied called any clients "hoes;"						
-denied talking about clients behind their back;						
-did hear another staff on her personal phone		_				
outside of the facility one time;						
-overheard staff use the word "hoes;"						
-did not know if clients overheard;			-			
-did not know who the other staff was referring to						

Division of Health Service Regulation

during her conversation;

STATE FORM 6899 546V11 If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _		
		MHL036-287	B. WING		R 02/26/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE	,
		2004 TWIN		, 2 3332	
MIRACLE	HOUSES - TWIN AVENU	E	, NC 28052		
(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 110	Continued From page	e 3	V 110		
	-told staff to walk to e hearing distance of cl	nd of drive way out of ients.			
	revealed: -had a meeting in 1/2	with the Executive Director 020 with staff about talking			
	about personal business in the facility; -also talked with staff about watching their conversations around clients;				
	 -heard this on third sh -was listening over the -will address the issue 	e facility camera with audio;			
V 296	27G .1704 Residentia Staffing	al Tx. Child/Adol - Min.	V 296		
	10A NCAC 27G .1704 REQUIREMENTS	4 MINIMUM STAFFING			
	telephone or page. A able to reach the facil	sional shall be available by direct care staff shall be ity within 30 minutes at all			
		mber of direct care staff			
	required when childre present and awake is (1) two direct ca				
	one, two, three or fou	r children or adolescents; care staff shall be present			
	nine, ten, eleven or twadolescents.				
	during child or adoles follows:	mber of direct care staff cent sleep hours is as			
		are staff shall be present ke for one through four ts;			

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2004 TWIN AVENUE GASTONIA, NC 28052 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 296 Continued From page 4 (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and	DATE SURVEY COMPLETED
MIRACLE HOUSES - TWIN AVENUE (X4) ID PREFIX TAG V 296 Continued From page 4 (2) two direct care staff shall be present and both shall be awake for five through eight 2004 TWIN AVENUE GASTONIA, NC 28052 ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 296 V 296	R 02/26/2020
MIRACLE HOUSES - TWIN AVENUE (X4) ID PREFIX TAG V 296 Continued From page 4 (2) two direct care staff shall be present and both shall be awake for five through eight GASTONIA, NC 28052 ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 296	
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 296 Continued From page 4 (2) two direct care staff shall be present and both shall be awake for five through eight	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 296 Continued From page 4 (2) two direct care staff shall be present and both shall be awake for five through eight (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
(2) two direct care staff shall be present and both shall be awake for five through eight	(X5) COMPLETE DATE
(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.	
This Rule is not met as evidenced by: Based on interviews, the facility failed to ensure required staff/client ratio. The findings are:	
Interview on 2/19/20 with client #1 revealed: -been at the facility for almost 3 months; -this morning, when woke up staff #1 was present at the facility; -no other staff was at the facility; -the other staff was off shifty because she had worked 3 days straight and was tired; -sometimes there is only one staff but can't remember dates. Interview on 2/19/20 with client #2 revealed:	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		MHL036-287	B. WING			R 26/2020
	ROVIDER OR SUPPLIER HOUSES - TWIN AVENU	2004 TWII	DRESS, CITY, STA	TE, ZIP CODE	·	
		GASTONI	A, NC 28052			,
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 296	-woke up this morning there; -sometimes only one Interview on 2/19/20 or sometimes when wa one staff is working; -this am, staff #1 was Interview on 2/25/20 or worked third shift from transport 2 clients to catch the school bus; -her co-worker had to last week; -her co-worker got sidedenied worked alone Interview on 2/26/20 or revealed: -ensure 2 staff schedulene staff did not worker astaff did get sick or	g and only staff #1 was staff there in the mornings. with client #3 revealed: ke up in the mornings, only the only staff working. with staff #1 revealed: m 10pm-7am; day treatment and 2 clients leave work on one night ek; with the Executive Director uled on for all shifts; k alone on third shift;	V 296	DEFICIENC		

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