

# MIRACLE HOUSES, INC.

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## FAX COVER SHEET

**DATE:** March 12, 2020

**TO:** Pam Pridgen  
Administrative Supervisor  
Division of Health Service Regulation, Mental Health  
Licensure & Certification Section

**FROM:** Patsy Y. Camp

**SUBJECT:** dhsr.mhl.facilities

**FAX NO.:** 919-715-8078

**Phone No:** 919-855-3817

**Message**

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THANK YOU!

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-287</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/26/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSES - TWIN AVENUE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2004 TWIN AVENUE</b> <b>GASTONIA, NC 28052</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 2/26/20. The complaint was unsubstantiated (Intake #NC159848). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></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"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall develop and implement policies and procedures</p>	V 110		

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

*Patsy Y. Corp* TITLE *Executive Director* (X6) DATE  
6899 546V11

Division of Health Service Regulation

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V 110	<p>Continued From page 1</p> <p>for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff demonstrated competency for the population served for 1 of 3 staff (#1). The findings are:</p> <p>Review on 2/25/20 of client #1's record revealed: -admission date of 11/27/19; -diagnoses of Post Traumatic Stress Disorder(PTSD), Attention Deficit Hyperactivity Disorder(ADHD) and Disruptive Mood Dysregulation Disorder(DMDD); -behaviors included verbal aggression, anger outbursts, property destruction, suicidal ideation(SI) and self-injurious behaviors(SIBs).</p> <p>Review on 2/25/20 of client #2's record revealed: -admission date of 1/15/20; -diagnoses of PTSD, Unspecified Depressive Disorder and Generalized Anxiety Disorder; -behaviors included SI, SIBs, elopement, defiance, attention seeking, manipulation and aggression.</p> <p>Review on 2/25/20 of client #3's record revealed: -diagnoses of PTSD and Oppositional Defiant Disorder; -behaviors included SIBs, aggression, elopement, non-compliance, severe attachment issues and sensitive to reap or perceived abandonment/rejection.</p>	V 110	<p>Executive Director will ensure the Qualified Professional will continue to conduct mandatory staff meetings and review Level III Service Definition monthly. Executive Director will ensure Clinical Director continues to provide monthly mandatory trainings on mental health services and how to implement the services. Executive Director will ensure when staff does not attend trainings they will be reprimanded according to policy. Executive Director has worked with Training Coordinator and developed a virtual office for all employees to attend all trainings from their computers which includes a pre and post test. Executive Director will ensure Qualified Professional conducts monthly or as needed supervisions to assist staff in becoming qualified professionals who are able to provide therapeutic interventions when interacting with consumers. Executive Director will also ensure that all employees take the competency test to demonstrate competency for population served.</p>	02/29/2020

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V 110	<p>Continued From page 2</p> <p>Review on 2/25/20 of staff #1's personnel record revealed: -hired on 8/13/19 with the job title of Direct Care Staff; -completed trainings in the following areas: Client Specific 8/13/19, Boundaries 8/13/19, Mental Health Diagnoses 8/13/19 and North Carolina Interventions Plus 7/31/19.</p> <p>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; -overheard staff call her names behind her back; -heard staff #1 called her a "hoe" behind her back.</p> <p>Interview on 2/19/20 with client #3 revealed: -denied staff mistreated her; -overhear staff talk about them; -night staff talk about "hoes;" -not sure which staff it was; -night staff talking about the clients with each other.</p> <p>Interview on 2/19/20 with client #1 revealed: -denied any staff mistreatment; -denied staff call her names or talk mean to her.</p> <p>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 during her conversation;</p>	V 110		

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V 110	Continued From page 3  -told staff to walk to end of drive way out of hearing distance of clients.  Interview on 2/26/20 with the Executive Director revealed: -had a meeting in 1/2020 with staff about talking about personal business in the facility; -also talked with staff about watching their conversations around clients; -heard this on third shift; -was listening over the facility camera with audio; -will address the issue with all staff.	V 110		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing  10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;	V 296		

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V 296	<p>Continued From page 4</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on interviews, the facility failed to ensure required staff/client ratio. The findings are:</p> <p>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.</p> <p>Interview on 2/19/20 with client #2 revealed:</p>	V 296		

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V 296	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-woke up this morning and only staff #1 was there;</li> <li>-sometimes only one staff there in the mornings.</li> </ul> <p>Interview on 2/19/20 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>-sometimes when wake up in the mornings, only one staff is working;</li> <li>-this am, staff #1 was the only staff working.</li> </ul> <p>Interview on 2/25/20 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-worked third shift from 10pm-7am;</li> <li>-transport 2 clients to day treatment and 2 clients catch the school bus;</li> <li>-her co-worker had to leave work on one night last week;</li> <li>-her co-worker got sick;</li> <li>-denied worked alone.</li> </ul> <p>Interview on 2/26/20 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-ensure 2 staff scheduled on for all shifts;</li> <li>-one staff did not work alone on third shift;</li> <li>-a staff did get sick on shift one night;</li> <li>-never have only one staff scheduled on third shift.</li> </ul>	V 296		