	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL049-160	B. WING		04/	22/2021
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST		04/	22/2021
	ROVIDER OR SUFFLIER		CHESTER ROA			
MIRACLE	E HOUSES WINCHES	STER II	IAN, NC 28166			
(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 ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
V 000	INITIAL COMMEN	TS	V 000			
	on April 22, 2021. substantiated (intal	nplaint survey was completed The complaints were ke #NC00176013, iciencies were cited.				
	This facility is licens category:	sed for the following service				
		7G .1700: Residential cure for Children or				
V 293	27G .1701 Resider	ntial Tx. Child/Adol - Scope	V 293			
	children or adolesc free-standing reside intensive, active the interventions within shall not be the prir who is not a client of (b) Staff secure me awake during client	eatment staff secure facility for ents is one that is a ential facility that provides erapeutic treatment and a system of care approach. I mary residence of an individua of the facility. eans staff are required to be t sleep hours and supervision	t			
	this Section. (c) The population adolescents who have mental illness, emo	s as set forth in Rule .1704 of served shall be children or ave a primary diagnosis of otional disturbance or disorders; and may also have				
	co-occurring disord disabilities. These not meet criteria fo	lers including developmental children or adolescents shall r inpatient psychiatric services adolescents served shall				
	(1) removal f	rom home to a residential setting in order to				

	T OF DEFICIENCIES OF CORRECTION	Equiation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL049-160	B. WING		0.04	22/2024
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST		04/	22/2021
		332 WIN				
AIRACLE	E HOUSES WINCHES		MAN, NC 28166			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 293	Continued From pa	ge 1	V 293			
	<ul> <li>(e) Services shall b</li> <li>(1) include in structure of daily liv</li> <li>(2) minimize related to functiona</li> <li>(3) ensure sa control behaviors in management with c</li> <li>(4) assist the acquisition of adapt communication, so</li> <li>(5) support th gaining the skills ne intensive treatment</li> <li>(f) The residential to shall coordinate with</li> </ul>	dividualized supervision and ing; the occurrence of behaviors I deficits; afety and deescalate out of acluding frequent crisis or without physical restraint; child or adolescent in the tive functioning in self-control, cial and recreational skills; and the child or adolescent in the child or adolescent in the child or adolescent in				
	staff failed to coord	and record review, the facility inate with other agencies, system of care for one (client				
	Review on 4-16-21 facility record revea - admitted 2-23					

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL049-160	B. WING		04/	22/2021
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
MIRACL	E HOUSES WINCHES		CHESTER ROA MAN, NC 28166			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET
V 293	Continued From pa	ge 2	V 293			
	<ul> <li>he was 12 yea</li> <li>diagnosed wit</li> <li>Attention-</li> <li>Oppositio</li> <li>Autistic D</li> <li>Mixed Re</li> <li>Disorder</li> <li>Admission As</li> <li>indicated: <ul> <li>behaviora</li> <li>history of</li> <li>history of</li> </ul> </li> <li>pulling off fingernail until bleeding <ul> <li>history of</li> <li>history of</li> <li>history of</li> </ul> </li> <li>Interview on 4-21-2 counselor revealed</li> <li>she is, "not im</li> <li>staff 's communica</li> <li>school <ul> <li>group home s</li> <li>him (client #1) up (fingernail</li> </ul> </li> </ul>	ars old h: Deficit/Hyperactivity Disorder nal Defiant Disorder isorder ceptive Expressive Language sessment dated 2-23-21 Il outbursts stealing self-injurious behaviors of ls, toenails and scratches self exaggerating and lying destroying property 1 with client #1 ' s school				
	late	arch 26, 2021 - 40 minutes				
	late	March 29, 2021 - 30 minutes March 30, 2021 - 10 minutes				
	late - client #1 came	e to school with no pencil, no bag, completely unprepared				
	- April 13, - April 14, 2 - April 15, 2 - she was told b	2021				

Division of Health Serv STATE FORM

If continuation sheet 3 of 11

Division	of Health Service Re	egulation				APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL049-160	B. WING		04/2	22/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MIRACL	E HOUSES WINCHES	TERII	HESTER ROAN, NC 2816			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CC	RRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	COMPLETE DATE
V 293	Continued From pa	ge 3	V 293			
	in his bookbag - she wondered his bookbag before make sure he had s belonged to him - "you call over they' re late picking you a reason. [Clien and treatment (than					
	s SRO (School Res - group home s times picking client - "we just want and help these kids - "It seems like easy to talk to, not - on 3-30-21 he person at the group one was there, he w showed up or called - later the same group home at 4:00 answer some of his - "they' re reluce	to work with the group home do the best they can" the group home is not very easy to communicate with" had arranged to meet a staff home, but upon arriving, no vaited 20 minutes and no d him to cancel. day he went back to the pm and the staff refused to questions ctant to give out much ' t know if it ' s Co-vid or they '				
	- client #1 had school on multiple on 3-26-21 cli about me" -meanin - SRO called th	on Report <sup>"</sup> revealed: gotten lost in the hallways at occasions ent #1 told him, "they forgot				

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL049-160	B. WING		04/	22/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
MIRACLI	E HOUSES WINCHES	TER II	CHESTER ROA IAN, NC 2816			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 293	Continued From pa	ige 4	V 293			
	s middle school - when the SRC pick client #1 up, th "shoot, we forgot al shortly." - "we waited ou	d he was calling from client #1 D asked if they were coming to be group home staff said, bout him, we will be there itside until they arrived in 1605 0 minutes after dismissal to get [client #1]."				
	Children 's teacher - the group hon client #1 up from so - 3 days in a ro no pencil, paper or - the group hon don 't return calls a and times not provi	ne staff have been late picking chool at least 3 times w they sent him to school with bookbag ne staff are not cooperative, and don ' t answer calls (dates ded) : what ' s best for these kids,				
	Professional (QP) r - forgetting to p was unacceptable - different staff on different days, d - sometimes th person assigned to their way to work, n sick or have an em - the discipline client from school r	ick up a client from school are assigned to pick up clients epending on who is working e schedule changes, and the pick up clients from school on night not be able to if they are				
	Interview on 4-21-2	1 with staff #3 revealed:				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL049-160	B. WING		04/	22/2021
AME OF PI	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, S	TATE, ZIP CODE		
IRACLE	HOUSES WINCHES		WINCHESTER RO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 293	Continued From pa	ge 5	V 293			
	running late to work - she was supp school - her cell phone was unable to call - when she arri already been picked - she then went shift	osed to pick up client #1 fi had lost it ' s charge and ved at his school, he had d up t to the facility to begin her is incident, she was	rom she			
	revealed: - she knew about up from school - she was unaw was late getting pic staff didn ' t tell me. - "we know how now, "riding the bus again" - staff who miss terminated - staff #3, "was meeting tomorrow to back" - "you pay peop time, do what they ' your issues outside attention take ca - "It ' s hard to b	y serious it is" Client #1 is s, so that won ' t be happen s assignments like that car suspended and we ' re to see if we want to bring h ple to do a job. Show up o re supposed to do, leave , give my kids all your	nt #1 he s, the ning n be ner n all			
	27G .1704 Residen Staffing	tial Tx. Child/Adol - Min.	V 296			

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL049-160	B. WING		04/2	22/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
	E HOUSES WINCHES	332 WIN	CHESTER ROA	AD		
		TROUTM	AN, NC 28166	6		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pa	ge 6	V 296			
	REQUIREMENTS (a) A qualified profit telephone or page. able to reach the fat times. (b) The minimum r required when child present and awake (1) two direct one, two, three or fat (2) three direct for five, six, seven or adolescents; and (3) four direct nine, ten, eleven or adolescents. (c) The minimum r during child or adole follows: (1) two direct and one shall be av children or adolescent (2) two direct and both shall be ar children or adolescent (3) three direct of which two shall b asleep for nine, ten adolescents. (d) In addition to th care staff set forth i Rule, more direct ca the facility based or individual needs as plan. (e) Each facility sha	care staff shall be present for our children or adolescents; ct care staff shall be present or eight children or t care staff shall be present for twelve children or number of direct care staff escent sleep hours is as care staff shall be present vake for one through four ents; care staff shall be present wake for five through eight				

	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL049-160	B. WING		04/	22/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
MIRACL	E HOUSES WINCHES	TER II	NCHESTER ROA MAN, NC 2816			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 296	Continued From pa	ige 7	V 296			
		's individual strengths and in the treatment plan.				
	Based on interview failed to maintain th	et as evidenced by: and record review, the facility ne minimum number of direct when clients are present.				
	facility record revea - admitted 2-23 - 12 years old - diagnosed wit - Attention- - Oppositio - Autistic D - Mixed Re Disorder - Admission As indicated: - behaviora - history of - history of	8-21 th: Deficit/Hyperactivity Disorder nal Defiant Disorder isorder ceptive Expressive Language sessment dated 2-23-21 al outbursts	•			
	- history of - history of	exaggerating and lying destroying property of client #2 ' s facility record				

STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL049-160	B. WING		04/	22/2021
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE	1 •	
	E HOUSES WINCHES	332 WIN	CHESTER RO	AD		
		TROUT	MAN, NC 2816	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pa	ge 8	V 296			
	- Attention- Combined Type - Admission As indicated: - needs to r - understar appropriate bounda - needs to r - history of Review on 4-16-21 revealed: - admitted 10-6 - he was 12 yea - diagnosed wit - Post Trau - Intermitte - Disinhibite Disorder - Oppositio	h: matic Stress Disorder Deficit/Hyperactivity Disorder, sessment dated 7-28-21 regulate his emotions and and demonstrate aries focus and pay attention stealing of client #3 ' s facility record				
	- there had bee one staff person wo - when asked h of times" - he was unable times Interview on 4-19-2 - there were tim worked at the facilit	ow often he replied, "a couple e to provide exact dates or 1 with client #2 revealed: nes when only one staff				

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL049-160	B. WING		04/	22/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
MIRACLI	E HOUSES WINCHES		ICHESTER RO			
(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 ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 296	times - "mostly occur Interview on 4-16-2 - there were tin worked at the facilit - when it happe - he was unable times	e to provide exact dates or s on Saturdays and Sundays" 21 with client #3 revealed: nes when only one staff	V 296			
	Interview on 4-19-2 - it was possibl only one staff was - he was unabl times - if there is a si working alone beca make it for some re	21 with staff #1 revealed: e there were brief times when				
	- there had bee was working - exact dates a remembered - it was, "not re - circumstance emergency, like to	21 with staff #2 revealed: en times when only one staff nd times could not be ally that often" s might be if someone had an attend to a child and they said ave an hour early or				
	Interview on 4-19-2 Professional revea	21 with the Associate				

STATE FORM

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If continuation sheet 10 of 11

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	E SURVEY PLETED
ND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	<u></u>	COM	PLETED
		MHL049-160	B. WING		04/2	22/2021
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IIRACL	E HOUSES WINCHES		CHESTER ROA MAN, NC 28166			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 296	Continued From pa	age 10	V 296			
	staff on duty at all t - at the most it month" - in those incide night shifts	ys supposed to have at least 2 imes might happen, "maybe once a ences it was mostly weekend nd times were not				