

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060785 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/10/2021 |
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| NAME OF PROVIDER OR SUPPLIER MIRACLE HOUSE 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 1418 JULES COURT CHARLOTTE, NC 28226 |
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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) | (X8) COMPLETE DATE |
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| V 000 | <p>INITIAL COMMENTS</p> <p>A complaint and an annual survey was completed on 5/10/21. The complaint was substantiated (intake #NC176565). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Adolescents or Children.</p> | V 000 | | |
| 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> <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 (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</p> | V 118 | | |

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

Ruth H. Camp, Executive Director

TITLE

(X8) DATE

5/19/2021

Division of Health Service Regulation

STATE FORM
Division of Health Service Regulation

6899

1DPL11

If continuation sheet 1 of 10

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060786 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 05/10/2021 |
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| <p>V 118</p> | <p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure a Medication Administration Record (MAR) of all drugs administered to each client was kept current and medications administered were recorded immediately after administration affecting 3 of 3 clients (#1, #2 and #3). The findings are:</p> <p>Finding #1: Review of client #1's record on 4/28/21 and 5/3/21 revealed: -admission date of 4/8/21; -diagnoses of Conduct Disorder, Attention Deficit Hyperactivity Disorder(ADHD), Post Traumatic Stress Disorder (PTSD) and Disruptive Mood Dysregulation Disorder(DMDD); -physician's order dated 3/8/21 for Guanfacine HCL ER 2mg(milligram) one tablet daily.</p> <p>Observation on 5/3/21 at 11:25am of client #1's medications on site revealed Guanfacine HCL ER 2mg(milligram) one tablet daily dispensed 3/8/21.</p> <p>Review on 4/28/21 and 5/3/21 of client #1's MARs from 4/8/21 through 5/3/21 revealed the dosage dates of 5/1/21 and 5/2/21 for Guanfacine HCL ER 2mg(milligram) one tablet daily were blank with no explanation on the form.</p> | <p>V 118</p> | <p>Miracle Houses, Inc. required all staff working at Jules Court to return to medication management training. Miracle Houses, Inc. scheduled Medication Management training for 5.14.2021. Training has been completed.</p> <p>Executive Director meet with staff to re-enforce the use of the buddy check sheet, count sheets as well as following the six rights of medication.</p> | <p>05/12/2021</p> |
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| V 118 | <p>Continued From page 2</p> <p>Interview on 4/26/21 with client #1 revealed: - took his medications in the morning, at noon and at night; -got his medications daily; - not missed any medications.</p> <p>Finding #2 Review of client #2's record on 4/28/21 and 5/3/21 revealed: -admission date of 12/2/20; -diagnoses of Oppositional Defiant Disorder(ODD), Intellectual Developmental Disorder(IDD)-Mild and Autism Spectrum Disorder; -physicians' orders dated 1/4/21 for the following medications: Metformin 500mg one half tablet the the morning and in the evening and escitalopram(generic for Lexapro) 5mg one tablet daily.</p> <p>Observation on 5/3/21 at 10:50am of client #2's medications on site revealed: -Metformin 500mg one half tablet the the morning and in the evening dispensed 4/1/21; -escitalopram(generic for Lexapro) 5mg one tablet daily dispensed 4/1/21.</p> <p>Review on 4/28/21 and 5/3/21 of client #2's MARs from 3/1/21 through 5/3/21 revealed the following dosage dates were blank with no explanation on the form: -3/10/21 in the pm and 3/11/21 in the am for Metformin 500mg one half tablet the the morning and in the evening; -3/11/21 for escitalopram(generic for Lexapro) 5mg one tablet daily.</p> <p>Interview on 4/26/21 with client #2 revealed: - took medication Metformin, a blue pill for his diabetes;</p> | V 118 | | |

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| V 118 | <p>Continued From page 3</p> <p>-got his medications daily; - not missed any medications.</p> <p>Finding #3 Review of client #3's record on 4/28/21 and 5/3/21 revealed: -admission date of 1/26/21; -diagnoses of DMDD, ADHD, Conduct Disorder, Cannabis Abuse and Diabetes; -physician's order dated 1/26/21 for Abilify 10mg one tablet daily.</p> <p>Observation on 5/3/21 at 11:45am of client #3's medications on site revealed Abilify 10mg one tablet daily dispensed 4/30/21.</p> <p>Review on 4/28/21 and 5/3/21 of client #3's MARs from 3/1/21 through 5/3/21 revealed the dosage date of 3/31/21 in the am for Abilify 10mg one tablet daily was blank with no explanation on the form.</p> <p>Interview on 4/26/21 with client #3 revealed: -took his medications in the morning and at night; -got his medications every day; -not missed any medications.</p> <p>Interview on 5/10/21 with the Executive Director and Lead Qualified Professional revealed: -not aware of the blanks on the clients' MARS; -consistently train staff on how to complete the MARs; -have a "buddy system" to check the MARs; - plan to address the issue.</p> | V 118 | | |
| V 296 | <p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING</p> | V 296 | | |

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| V 296 | <p>Continued From page 4</p> <p>REQUIREMENTS</p> <p>(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.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(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</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</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</p> | V 296 | | |

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| V 296 | <p>Continued From page 5 needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on interviews and observations, the facility failed to ensure minimum staffing requirements. The findings are:</p> <p>Observation on 4/26/21 at 2:45pm revealed: -a passenger van parked in front of facility; - two vehicles/cars parked in the drive-way; -two staff present, one male and one female on site; -male identified as the Qualified Professional #1(QP#1) of the facility; -female identified as the Assistant House Manager (AHMgr) of the facility; - five clients present in living room.</p> <p>Continued observation on 4/26/21 at 3:35pm revealed: a female staff/third staff arrived; -identified at the House Manager(HMgr).</p> <p>Interview on 4/26/21 with client #1 revealed: - when he got home from school, two staff were present at the facility; -two staff were the QP#1 and the AHMgr; -HMgr "she's off today;" - varies times the HMgr comes to work.</p> <p>Interview on 4/26/21 with client #2 revealed: - when he comes home from school, usually 2-3 staff here; -he rides the bus with client #3;</p> | V 296 | <p>Per Miracle Houses, Inc. policies and procedures, staff are responsible for notifying the Qualified Professional and House Manager within 3 hours of their shift, if they are unable to come in. On 4/26/2021, the 3rd person scheduled for 2nd shift starting at 2:30pm no called/no showed. Staff on shift attempted to contact the scheduled individual between 2:30pm and 2:55pm. After 3 failed attempts to reach the scheduled staff, the QP contacted the house manager (scheduled on call for the day) to inform her of the call out. The House Manager informed staff that she was on her way; due to traffic, she reported to the group home at 3:35pm. The staff who NCNS was given a written warning and referred to our EAP due to failure to follow protocols and procedures with calling out.</p> <p>House Manager is responsible to find a worker when an employee calls out or going to be late for work. Executive Director will also be notified. If an employee cannot go into work House Manager and or Qualified Professional will go to work until staff arrives. Executive Director will ensure that this takes place.</p> | 05/12/21 |

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| V 296 | <p>Continued From page 6</p> <ul style="list-style-type: none"> -other clients go to day treatment; -bus brought him home at 2:15pm; -the QP#1 and the AHMgr were at the facility when his bus pulled up. <p>Interview on 5/3/21 with the HMgr revealed: -</p> <ul style="list-style-type: none"> -have 2 clients who ride bus to and from public school; -have 2 clients attend the Alternative School; -have 2 clients in day treatment; -facility staff transports clients to and from day treatment; -her normal shift at the facility is from 11am-8pm; - she also fills in as needed. <p>Interview on 5/5/21 with QP #2 revealed:</p> <ul style="list-style-type: none"> -have 3 staff always if 6 clients at the facility. -have 2 staff when some of clients are at school. - always have 3 staff on weekends. <p>Interview on 5/10/21 with the Executive Director and Lead Qualified Professional revealed: -</p> <ul style="list-style-type: none"> always have required staffing scheduled for the facility; -when there are 4 or less clients, have 2 staff; -have 3 staff if more than 4 clients; -was not aware there were 5 clients with 2 staff at the facility on 4/26/21; -a client must have come home early from school. | V 296 | | |
| V 736 | <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> | V 736 | | |

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| V 736 | <p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 4/26/21 at 4:15pm revealed: - three holes in wall by closet door between kitchen and living room; -several patched, unpainted areas throughout facility; -the wooden and iron railing on the right side of staircase leading from the middle level to the upper level was shaky and not sturdy.</p> <p>Additional observation on 5/3/21 at 12:45pm revealed: -Holes by closet between kitchen and living room patched but not painted; -client #1's bedroom on the third level: broken blinds on the window near the closet. Dresser drawers with missing knobs. Smears of black ink on the wall. Patched unpainted walls. Broken sheetrock above the light fixture by bedroom door; -bathroom on third level by client #1's bedroom: no light covers on two of the recessed lights over sink. Damage around the edges of the mirror (black areas). The sink was stopped up. Peeling paint behind the toilet; -second bedroom at end of hallway on second floor: patched unpainted walls.</p> <p>Interview on 5/10/21 with the Executive Director and Lead Qualified Professional revealed: -the facility needs some work;</p> | V 736 | <p>Miracle Houses, Inc. sent a professional handyman contractor to access the damages and complete repairs to the home including: three holes in wall by closet door between kitchen and living room; several patched, unpainted areas throughout facility; and the wooden and iron railing on the right side of staircase; client #1's bedroom on the third level: Broken sheetrock above the light fixture by bedroom door; bathroom on third level by client #1's bedroom: no light covers on two of the recessed lights over sink. The sink was stopped up. Damage around the edges of the mirror (black areas). Peeling paint behind the toilet.</p> <p>Miracle Houses, Inc. accessed the estimate of repairs and have determined that we will discontinue the use of the Jules Court facility as of July 31, 2021 if we are unable to complete repairs and bring the home back into compliance. Repairs were scheduled to begin on 4.27.2021 and are anticipated to be completed by 6.15.2021.</p> <p>Miracle Houses, Inc., replaced blinds and added dresser knobs and cleaned black ink off the wall.</p> <p>Executive Director and Safety Officer will ensure all Repairs are completed.</p> | <p>06/15/21</p> <p>06/15/21</p> <p>5.4.202</p> |

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| V 736 | Continued From page 8 -client #1 also very destructive; -spent over \$8000.00 in repairs; -they are trying to find a new location for the facility; -hope to move license to new location soon. | V 736 | | |
| V 753 | 27G .0304(b)(5) Indoor Lighting 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (5) All indoor areas to which clients have routine access shall be well-lighted. Lighting shall be adequate to permit occupants to comfortably engage in normal and appropriate daily activities such as reading, writing, working, sewing and grooming. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all indoor areas to which clients have routine access was well-lighted. The findings are: Observations on 5/3/21 at 12:45pm revealed: - bedroom on third floor level: no overhead light, no lamp, only light from the closet; -first bedroom on right of hallway on second floor level: two beds with dressers, no overhead light, no lamps, only light from attached bathroom, very dark in the bedroom. Interview on 5/3/21 with the House Manager | V 753 | Wall lamps have been placed in the bedroom on the third floor and on the second floor. New dressers have been purchased for the bedrooms. | 05/11/21 |

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| V 753 | <p>Continued From page 9</p> <p>revealed no overhead lights "because this is an old house."</p> <p>Interview on 5/10/21 with the Executive Director and Lead Qualified Professional revealed:</p> <ul style="list-style-type: none"> -not have overhead lights in the bedrooms; - always have lamps in bedrooms for clients for lighting; -not sure what happened to lamps. | V 753 | | |

MIRACLE HOUSES, INC.

4410 E. Independence Blvd
Charlotte, NC 282205
(704) 535-4447 – Office
(704) 535-4476 – Fax



FAX COVER SHEET

DATE: May 20, 2021

TO: NC Department of Health and Human Services

FROM: Patsy Y. Camp, Executive Director

SUBJECT: Annual and Compliant Survey for Miracle House 1
May 10

FAX NO.: 919-715-8078

PHONE NO.: 919-855-3795

Message