	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	of correction	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL060785	B. WING		10	R )/ <b>15/2021</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
MIRACLE	HOUSE 1					
			OTTE, NC 28226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	on 10-15-21. The co #NC00181370) was a complaint (intake #No substantiated. Defici This facility is license	unsubstantiated. The C0018160) was encies were cited. d for the following service C 27G .1700 Residential				
V 105	27G .0201 (A) (1-7) Governing Body Policies		V 105			
	POLICIES (a) The governing bo facility or service sha written policies for the (1) delegation of mar operation of the facili (2) criteria for admissi (3) criteria for dischar (4) admission assess (A) who will perform the (B) time frames for co (5) client record man (A) persons authorized (B) transporting record (C) safeguard of record defacement or use by (D) assurance of record authorized users at a (E) assurance of com (6) screenings, which (A) an assessment of problem or need; (B) an assessment of	aggement authority for the ty and services; iion; rge; ments, including: the assessment; and ompleting assessment. aggement, including: ed to document; rds; ords against loss, tampering, y unauthorized persons; ord accessibility to Il times; and fidentiality of records.				

TATEMENT	of Health Service Regu TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL060785			10	R / <b>15/2021</b>
iame of Pi	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
IIRACLE	HOUSE 1		LES COURT DTTE, NC 28226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLETE DATE
IAG			IAG	DEFICIEN		
V 105	Continued From page	e 1	V 105			
	(C) the disposition, in	cluding referrals and				
	recommendations;					
		and quality improvement				
	activities, including: (A) composition and a	activities of a quality				
		y improvement committee;				
	(B) written quality ass					
	improvement plan;	1 ,				
		toring and evaluating the				
	quality and appropria					
		of client outcomes and				
	utilization of services					
		inical supervision, including aff who are not qualified				
		ovide direct client services				
		y a qualified professional in				
	that area of service;	)				
	(E) strategies for imp	roving client care;				
	(F) review of staff qua					
	determination made t	•				
	treatment/habilitation					
		ties of active clients who				
	residential programs	area-operated or contracted				
		ards that assure operational				
	and programmatic pe	-				
	applicable standards					
		standards of practice"				
		petence established with				
	reference to the preva					
		gree of knowledge, skill and				
	care exercised by oth	er practitioners in the field;				

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	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	ONSTRUCTION		E SURVEY PLETED
AND PLAN C	FCORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COM	PLETED
		MHL060785	B. WING		10	R )/ <b>15/2021</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE	-	
		1418 JU	LES COURT			
MIRACLE	HOUSE 1	CHARL	OTTE, NC 28226			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	O THE APPROPRIATE	COMPLETE DATE
V 105	Continued From page	e 2	V 105			
	This Rule is not met	as evidenced by				
		ews, observations, and				
		<i>r</i> failed to develop and				
		nd procedures regarding the				
	applicable standards	-				
	management of client funds. The findings are: Review on 10-12-21 of Client #1's record					
	revealed:					
	-Admission date: 1-2					
		otive Mood Dysregulation eficit Hyperactivity Disorder,				
		complicated, and Diabetes;				
	-Age: 16 years old.	Somplicated, and Diabetes,				
	Review on 10-12-21	of the facility's Policy and				
	Procedure on Consul					
		en on November 2003 and				
	updated on 10-8-21;					
		y were approved by the				
	Quality Assurance/Qu Committee on 10-10-	, , , , , , , , , , , , , , , , , , ,				
		sumers are to be sent via				
	email to the office;"					
		receives a check for clothing				
		will remain in the office up				
		t's time for staff to take the				
	consumer shopping f	or clothes the entire check				
	will be spent on the c	-				
		save all receipts. Receipts				
		cial worker or guardian the				
	same or next day;"	an arrad his allowance for				
		nas earned his allowance for ceed \$5.00. Staff will				
		or the consumer on the				
	Consumer Cash Forr					
	subtract the funds giv					
	Consumer is allowed					1

Division of Health Service Regulation STATE FORM

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		BENTH IOATION NOMBER.	A. BUILDING:			
		MHL060785	B. WING		10	R )/ <b>15/2021</b>
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       1418 JULES COURT     1418 JULES COURT						
MIRACLE	HOUSE 1					
			DTTE, NC 28226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 105	Continued From page	93	V 105			
	funds are spent by the necessary) (form atta- -"If a check or cash si the consumer in the re- turned into the office. remind the guardian of contract not to send re- home. Administration are sent to the group authorized by the gua- -"Under no circumsta funds with consumers -"If a staff shall receive staff shall be terminate Review on 10-13-21 of receipts sent by his me -\$100.00 was sent the #1's mother to Staff # -\$150.00 was sent the #1's mother to Staff # -the total money sent	hall come to the facility for nail it shall be immediately The Office Personnel will or parent of the parent nonies via mail to the group n shall return all funds that home facility that are not ardian;" nces is staff to exchange s or their families;" re any funds for a consumer, ted immediately." of Client #1's Cash App nother revealed: rough Cash App from Client 1 on 8-20-21; rough Cash App from Client				
	amount of \$56.82; -a receipt dated 9-10- Independence in the -a hand written receip amount of \$25.00 in o snacks and personal	21 for Champion ount of \$80.44; 21 for Fashionova in the 21 for Charlotte amount of \$67.47; ot dated 8-20-21 for the cash to purchase personal items;				
	amount of \$12.74 in o snacks;	ot dated 8-31-21 for the cash to purchase personal ot dated 9-10-21 for the				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		BENTI IOATION NOMBER.	A. BUILDING:			
		MHL060785	B. WING		R 10/15/2021	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
MIRACLE	HOUSE 1		LES COURT OTTE, NC 28226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 105	Continued From pag	e 4	V 105			
	amount of \$7.53 in c snacks; -the receipts totaled	ash to purchase personal up to \$250.00.				
	Investigation reveale -on 10-9-21, the Exe Code of Ethics and the Cash Policy with all g -"never take money of or families;" -"under no circumstate funds with consumer shall do so, staff shate immediately;" -the Executive Direct that she was not away had been sent throug investigation; -the Executive Direct	cutive Director reviewed the he Updated Consumer's group home staff; or presents from consumers inces is staff to exchange is or their families, if staff Il be terminated for discussed her findings are of the client funds that gh Cash App prior to the				
	items revealed: -2 pair of new slides closet; -a shirt (pictured in th hanging in Client #1's it; -several clothing item	3-21 of Client #1's purchased (flip-flops) in Client #1's ne Fashionova receipt) s closet with the tags still on ns in the dirty hamper that rchased with money sent				
	-wanted some perso mom if she could ser -he had his mom talk	1 with Client #1 revealed: nal items and asked his nd him some money; with the staff and she sent en \$150.00 on another				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL060785	B. WING		10	R )/ <b>15/2021</b>
NAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	, ZIP CODE		
MIRACLE	HOUSE 1					
		CHARLO	DTTE, NC 28226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 105	Continued From page	e 5	V 105			
	-"she sent to them an wanted;" -"I bought some shoe some items for my git Chick-fil-a and Juicy of things at the gas stati -"staff didn't keep any money she sent me;" -"ordered from Fashid line, [Staff#1] helped -"it's not like they kep everything I asked for -never had the receip -"I didn't know that my money to the staff bu won't ask her to send Interview on 10-13-27 revealed: -had been involved w 4 years; -knew him well and th what he has reported -was concerned that \$250.00 and was not been spent on; -was not familiar with App and was concerned	y of the money, I spent all the onova and Champion on me order them;" It the money, they got me r;" ots, staff had the receipts; y mom could not send the t now I know better and I it to them again." I with Client #1's guardian with Client #1's care for over here is always some truth to I in the past; his mom had sent the staff sure what the money had the process for using Cash hed with his history of he may have access to "free				
	Interview on 10-12-2	oney to the group home." 1 with Staff #1 revealed: 1 Direct Care Staff on 2nd				
	shift;	r, Staff #2, had asked him to				
	allow Client #1's mon					

Division of Health Service Reg STATE FORM

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MUI 060795	B. WING	40	R	
		MHL060785         B. WING         10/15/           OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         10/15/			/15/2021	
NAIVIE OF PI	ROVIDER OR SUPPLIER		LES COURT	, ZIP CODE		
MIRACLE	HOUSE 1		DTTE, NC 28226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 105	Continued From page	e 6	V 105			
	clothing items on line store for some person Client #1 bought for h -Client #1 used some Chick-fil-a and a seaf -"that was the only tim money through Cash -"I told the boys they wife and I was not do for that;" -had sent all the rece -Client #1 used every was none left over. Interview on 10-12-27 -worked full time as a -overheard Client #1 phone that he wanted and wanted an upgra and needed \$100.00; -she said that she wo via Cash App; -was unaware of the time and Client #1's r to him but his Cash A asked her to send it to -did not have Client # to Staff #2; -had receipts from rec placed them in an en -"got to find my receipt -"I have nothing to do that was sent to [Staff -Staff #1 brought him	pairs of flipflops and some and took him shopping in a hal items and items that his girlfriend; of the money for food at food restaurant; ne that I have received App for any clients;" got me in trouble with the ing that anymore, it's a wrap ipts to the manager; bit of the money and there I with Staff #2 revealed: Floating Manager; telling his mom over the d a video game for Fortnight ded purchase for the games build send the money to staff policy and procedures at that nom tried to send the money upp was not working so he o Staff #1's Cash App; f1's mom send the \$150.00 ceiving the money and had velope in the group home; ots;"				
	purchases; -"I was trained on Sat come and go through	turday that all money has to the Administrative office, so to do it again for a kid;"				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:		R 10/15/2021	
		MHL060785	B. WING			
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
MIRACLE	HOUSE 1		LES COURT DTTE, NC 28226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 105	Continued From page	e 7	V 105			
	-the policy is not to a	ccept money from guardians.				
	revealed: -had conducted an in hearing about Client staff through Cash A -reviewed the Policy Funds and the Code with all group homes -issued disciplinary a -was unaware that S Client #1's guardian -thought that all the r #2; -had receipts totaling -all client funds have Administrative office	and Procedure for Client of Ethics Policy on 10-9-21 staff; action to Staff #2 on 10-9-21; taff #1 received money from until today; noney had been sent to Staff the \$250.00; to go through the from now on; lem terminating staff if they				