

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/26/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSES VALLEY BROOK I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>245 VALLEY BROOK LANE TROUTMAN, NC 28166</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 1/26/22. The complaint was unsubstantiated (intake #NC00184145). 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> <p>The survey sample consisted of audits of 4 current clients and 2 former clients.</p>	V 000		
V 109	<p><b>27G .0203 Privileging/Training Professionals</b></p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) 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>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for</p>	V 109		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 109	<p>Continued From page 1</p> <p>MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record reviews, and interviews, 3 of 5 qualified professionals (QP #2, QP #5 and the Licensee) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on record review and interviews, the facility failed to ensure 1 of 2 former client's (FC #5) individualized needs were provided as specified in the treatment plan.</p> <p>Review on 1/19/22 of the Qualified Professional (QP) #2's record revealed: - Hire Date: 11/27/18 - Position: Qualified Professional - She had a master's degree. - The QP #2 has a degree and work history that qualifies her as a Qualified Professional.</p> <p>Review on 1/19/22 of the QP #5's record revealed:</p>	V 109	<p><b><u>V109: Privileging/Training Professionals</u></b></p> <p><b>Corrected:</b> -PCP training on Feb. 9, 2022 about effective trauma-responsive strategies and interventions to utilize with clients who demonstrate high-risk behaviors provided to all QP's. -Trauma-informed milieu management training occurred on Feb. 2, 2022 about Creating a Safe and Therapeutic Milieu to all QP, AP, and PP employees.</p> <p><b>Prevention:</b> -QP's will provide monthly PCP Training to AP's and PP's as needed, during staff meeting. -Training on PCP will be included in employee initial documentation training. -During Clinical Supervision, updated strategies discussed with QPs will be communicated internally to employees --Staff meeting minutes will include documentation of each client reviewed, intervention strategies</p> <p><b>Monitoring:</b> -Master Level QP will routinely monitor internal communication and ensure employees are implementing changes -Executive Leadership and Envesti Solutions will provide ongoing monitoring to ensure process is documented and in place.</p>	<p><u>2/9/22</u></p> <p><u>2/2/22</u></p>

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V 109	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Hire Date: 3/9/11</li> <li>- Position: Qualified Professional</li> <li>- She had a master's degree in counseling.</li> <li>- The QP #5 has a degree and work history that qualifies her as a Qualified Professional.</li> </ul> <p>Review on 1/19/22 of the Licensee's record revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 1/1/01</li> <li>- Position: Qualified Professional</li> <li>- The Licensee has a degree and work history that qualifies her as a Qualified Professional.</li> </ul> <p>Interview on 1/18/22 with QP #5 revealed:</p> <ul style="list-style-type: none"> <li>- She and QP #2 would be responsible for ensuring 2 staff and former client (FC) #5's one on one worked each day.</li> </ul> <p>Interview on 1/14/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- She referred to her QP staff who had a master's degree as a "Master Level QP."</li> <li>- She did not feel FC #5 really needed a one-on-one staff on 3rd shift.</li> </ul> <p>Review on 1/21/22 and 1/26/22 of the Plan of Protection dated 1/21/22 written by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Miracle Houses Inc. will review the training of Person-Centered Plan Training and Person-Centered Thinking and the roles and responsibilities of a Qualified Professional and Associate Professional to ensure competencies in providing quality care treatment to consumers. Still will continue to schedule two to three staff on every shift to meet ratio and consumers treatment need. This plan of action will take place immediately, Friday January 21, 2022. [QP #7] will implement this process."</p>	V 109	<p><b><u>V109 cont...</u></b></p> <p><b>Corrected:</b> -Training on one-on-one's provided on 1/29/22 during staff meeting.</p> <p><b>Prevent:</b> -Monthly supervision will be provided by Clinical Director on specific client needs and intervention strategies.</p> <p><b>Monitor:</b> -Process will be monitored by Executive Leadership and Envesti Solutions to ensure process documented and in place.</p> <p><b>Corrected:</b> -Employee schedule includes two to three staff on shift</p> <p><b>Prevent:</b> -Clinical Director will meet with House Managers to discuss ratio adjustments based on client needs.</p> <p><b>Monitor:</b> -A copy of the staff schedule will be sent to Executive Director for approval prior execution</p>	<p>1.29.22</p> <p>ongoing</p>

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V 109	<p>Continued From page 3</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This facility is a 24-hour residential treatment, staff secure facility which serves clients requiring continuous supervision, behavioral intervention and a high level of support to meet their needs. Former client #5 was a 13-year-old male with diagnoses of Attention Deficit Hyperactivity Disorder and Conduct Disorder. The former client had a history of: lying, stealing, setting fires, and once he became a client in the group home he started having AWOL (absent without leave) behaviors. On 12/20/21 FC #5 eloped with client #1. FC #5 was found over 4 hours later by the police in a stolen car. FC #5's treatment plan indicated he would have a Master Level QP staff as his one on one due to his AWOL behaviors. One of the two identified staff who was supposed to be FC #5's one on one did not know he was FC #5's one on one. The Licensee indicated FC #5 did not need a one on one staff during 3rd shift. The former client reported he did not have a one on one staff while living in the group home. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.</p>	V 109		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days</p>	V 112	<p><b>V112: Treatment Plan Corrected:</b></p> <p>-Client #1 PCP was updated on 1/20/22 and reviewed by direct care staff on 1/21/22.</p> <p>-QPs were retrained on updating goals and interventions in the PCP to reflect current needs and behaviors on 2/9/22.</p>	<p>1/20/22</p> <p>1/21/22</p> <p>2/9/22</p>

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V 112	<p>Continued From page 4</p> <p>of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to develop and implement strategies affecting 1 of 4 current clients (#1) and 2 of 2 former clients (FC #5 and FC #6). The findings are:</p> <p>Review on 1/11/22 of FC #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 8/16/21</li> <li>- Discharge date: 12/22/21</li> <li>- Age: 13</li> <li>- Diagnoses: ADHD (Attention Deficit Hyperactivity Disorder), Combined type and Conduct Disorder</li> </ul>	V 112	<p><b>V112 Continued...</b></p> <p><b>Prevent</b> Monthly group supervision of direct care staff will be facilitated in collaboration with Clinical Director and Envesti Solutions effective 2/1/22</p> <p><b>Monitor</b> Weekly multidisciplinary team consisting of (Executive Director, Clinical Director, House Manager, and Envesti Solutions Rep. to address any new incidents and changes to treatment strategies for clients. -Peer Record reviews will be conducted quarterly and will include reviewing PCPs.</p>	2/1/22

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V 112	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- Review of FC #5's Comprehensive Clinical Assessment dated 3/3/21 revealed: "The guardian [FC #5's mother] reports [FC #5] has to be supervised at all times due to frequently playing with matches/lighters, stealing from others in the home and neighbors, smoking cigarettes when found and lying."</li> <li>- Review of FC #5's PCP (Person Centered-Profile): "Update/Revision Plan Signatures" dated 11/23/21 revealed: "Person Responsible for the PCP: The following signature confirms the responsibility of the QP (Qualified Professional)/LP (Licensed Professional) for the development of this PCP. The signature indicates agreement with the services/supports to be provided. Signature: [the Licensee]"</li> <li>- Review of FC #5's discharge plan: "Reason for Discharge: ...[FC #5] displayed AWOL (Absent Without Leave) weekly."</li> <li>- There were no strategies developed or implemented to address FC #5's safety or AWOL behaviors.</li> </ul> <p>Review on 1/20/22 of Child and Family Team (CFT) meeting notes and updates for FC #5 revealed:</p> <ul style="list-style-type: none"> <li>-8/6/21 Treatment plan developed - no AWOL behaviors mentioned</li> <li>-9/9/21 Update - FC #5 "engages in AWOL behaviors" with no specific strategies to address these behaviors</li> <li>-10-4-21 Update - FC #5 "continues to engage in AWOL behaviors" with no specific strategies to address these behaviors</li> <li>-11/23/21 Update - FC #5 "continues to engage in AWOL behaviors" with no specific strategies to address these behaviors</li> <li>-12/14/21 Update - FC #5 "continues to AWOL from the facility, stealing cars and joy riding around the city" with no specific strategies to</li> </ul>	V 112		

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V 112	<p>Continued From page 6</p> <p>address these behaviors</p> <p>Review on 1/20/22 of FC #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 9/13/21</li> <li>- Discharge date: 11/11/21</li> <li>- Age: 17</li> <li>- Diagnoses: Oppositional Defiant Disorder (ODD); ADHD; MDD (Major Depressive Disorder); Unspecified Anxiety and Cannabis Use Disorder</li> <li>- Review of FC #6's PCP dated 9/17/21 revealed: "Will not exhibit any incidents of inappropriate behaviors as evidenced by remaining in his assigned area throughout the night per shift note documentation and staff report after bedtime. [FC #6] will refrain from displaying AWOL behaviors."</li> <li>- Further review of FC #6's PCP revealed: "Engage client in activities in which he can practice displaying positive behavior and making good choices and refrain from AWOL behaviors."</li> <li>- Review of FC #6's PCP "Update/Revision Plan Signatures" dated 9/17/21 revealed: "Person Responsible for the PCP: The following signature confirms the responsibility of the QP/LP for the development of this PCP. The signature indicates agreement with the services/supports to be provided. Signature: [the Licensee]"</li> <li>- Review of FC #6's discharge plan: "Reason for Discharge: [FC #6] received a 30-Day Notice of Discharge on 9.20.2021 due to consistent AWOL behaviors taking peers with him and leaving the facility for hours at a time. Following an AWOL incident on 10.31.2021 [FC #6] was admitted to [hospital] on 11.1.2021 for observation ..."</li> <li>- There were no individualized strategies in place to ensure FC #6's safety and to address runaway behaviors.</li> </ul> <p>Review on 1/20/22 of CFT meeting notes and updates for FC #6 revealed:</p>	V 112		

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V 112	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- 9/17/21 Update- FC #6 was transitioned to Miracle Houses Valley Brook I due to "constant AWOL behaviors" in another facility owned by the Licensee. "[FC #6] was transitioned to Troutman (Miracle Houses Valley Brook I) where he has gone AWOL once. No specific goals or strategies to address these behaviors.</li> <li>- 10/18/21 Update- A 30-day notice of discharge due to FC #6 "continued to display AWOL behaviors."</li> </ul> <p>Review on 1/11/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 5/28/21</li> <li>- Age: 16</li> <li>- Diagnoses: Disruptive Mood Dysregulation Disorder (DMDD); Conduct Disorder, Childhood Onset; Intellectual Disability, mild and Cannabis Use Disorder, Severe</li> <li>- Review of client #1's admission assessment dated 5/27/21 revealed: "Client also displayed property destruction, AWOL behavior and threats."</li> <li>- There were no individualized strategies in place to ensure client #1's safety and to address runaway behaviors.</li> </ul> <p>Review on 1/20/22 of CFT meeting notes and updates for client #1 revealed:</p> <ul style="list-style-type: none"> <li>- 11/9/21 Update - "AWOL behaviors on multiple occasions with his peers" with no specific strategies to address these behaviors.</li> <li>- 12/23/21 Update -"Miracle Houses was officially given there 30-day notice do to [client #1's] AWOL behaviors today" with no specific strategies to address these behaviors.</li> <li>- 1/14/22 Update - "[Client #1] has struggled with being unable to communicate with his family and continues to participate in inappropriate behaviors such as AWOL behaviors, stealing from local stores and smoking tossed cigarettes ..." There</li> </ul>	V 112		



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V 112	<p>Continued From page 8</p> <p>were no specific strategies to address these behaviors.</p> <p>Runaway Incident #1:</p> <p>Review on 1/11/22 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 9/11/21</li> <li>- Time of Incident: 1:30 am</li> <li>- Consumer's name: FC #5</li> <li>- Name of Person Completing this form: Therapist</li> </ul> <p>- FC #5 had become upset and walked out the front door. Staff (unknown which staff) lost sight of FC #5 and contacted the police. The police located FC #5 and brought him back to the group home in handcuffs. It is unknown from the report when FC #5 was brought back to the group home.</p> <p>Runaway Incident #2:</p> <p>Review on 1/20/22 of the IRIS revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 9/18/21</li> <li>- Time of Incident: 1:00 am</li> <li>- Consumer's name: FC #5</li> <li>- Name of Person Completing this form: Therapist</li> </ul> <p>- At 10:03 pm staff (unknown which staff) observed that FC #5 was not in his bedroom and his bedroom window was open. Staff checked around the facility and then contacted the police. The police returned FC #5 to the group home. It is unknown from the report when FC #5 was brought back to the group home.</p> <p>Review on 1/20/22 of the IRIS revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 9/18/21</li> <li>- Time of Incident: 1:00 am</li> <li>- Consumer's name: FC #6</li> </ul>	V 112	<p><b>Corrected:</b></p> <ul style="list-style-type: none"> <li>-Training on AWOL Prevention protocols, and ensuring building and vehicles are secure occurred on 10/7/21.</li> <li>-Training on IRIS Reporting conducted on 1/31/22 to ensure proper documentation.</li> </ul> <p><b>Prevent:</b></p> <ul style="list-style-type: none"> <li>-Monthly Supervision will be facilitated by Clinical Director on client specific needs and intervention strategies.</li> <li>-Internal communication updated as needed to employees to review daily and acknowledge. This is to inform staff as soon as possible as needs are presented.</li> <li>-In process of creating and implementing a Post Crisis Debrief model.</li> <li>-Once complete, all employees will be trained on new policy and protocols.</li> </ul> <p><b>Monitor:</b></p> <ul style="list-style-type: none"> <li>-Executive Leadership and Invest Solutions will review supervision and meeting minutes quarterly.</li> <li>-An internal incident monitoring tool will be created and reviewed with leadership quarterly.</li> </ul>	<p>10/7/21</p> <p>1/31/22</p>

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V 112	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>- Name of Person Completing this form: Therapist</li> <li>- At 10:03 pm staff (unknown which staff) observed that FC #6 was not in his bedroom and his bedroom window was open. Staff checked around the facility and then contacted the police. The police returned FC #6 to the group home. It is unknown from the report when FC #6 was brought back to the group home.</li> </ul> <p>Review on 1/20/22 of the Police Report revealed:</p> <ul style="list-style-type: none"> <li>- Date/time reported: 9/18/21 at 22:03 (10:03 pm)</li> <li>- Name: FC #6 and FC #5</li> <li>- "On 9/18/21 at 2203 (10:03 pm) received a call of a runaway at 245 Valleybrook Ln. (Lane). Myself and [police officer] checked the area for approximately 25 minutes and did not locate either of the juveniles. I made contact at 245 Valleybrook Ln with [staff #10], she advised that she made a round at 2145 and both males was in their rooms. [Staff #10] then made a round at 2203 and both males was gone. [Staff #10] advised both males left the residence thru the window ...On 9/19/21 at 0030HRS (12:30 am) I was on route patrol ...when I located two males subjects walking ...two male subjects ended up being the juveniles that was missing form 245 Valleybrook. Myself and [police officer] transported both back to 245 Valleybrook Ln."</li> </ul> <p>Runaway Incident #3</p> <p>Review on 1/20/22 of the IRIS revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 10/9/21</li> <li>- Time of Incident: 12:05 am</li> <li>- Consumer's name: FC #5 and FC #6</li> <li>- Name of Person Completing this form: Therapist</li> <li>- Staff did a 15-minute bed check and FC #5 and FC #6 were missing at 12:05 am. Staff contacted</li> </ul>	V 112		

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NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSES VALLEY BROOK I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>245 VALLEY BROOK LANE TROUTMAN, NC 28166</b>
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V 112	<p>Continued From page 10</p> <p>the police and on-call and guardians. On 10/9/21 at 3:45 pm FC #5 and FC #6 returned to the group home via "a car dropping" FC #5 and FC #6 off at the group home. It is unknown from the report when FC #6 and FC #6 were brought back to the group home.</p> <p>Review on 1/20/22 of the Police Report revealed: - Date/time reported: 10/8/21 at 21:31 (9:31 pm) - Name: FC #5 and FC #6 - "On October 8, 2021 at approximately 9:30 PM, I received a call in regards to two runaway about 15 min prior to calling for my assistance. And they had attempted to locate them, one of the male workers said that the employee of the [local gas station] ... saw the two boys come in and steal a black and mild and a lighter then headed west behind the [local gas station]. I searched the whole area and was unable to locate. First juvenile is [FC #5] and has been entered into NCIC (National Crime Information Center) ...Second juvenile is [FC #6] and has been entered into NCIC. [FC #6] is still entered as missing from [police department] ...On 10/09/2021 at approximately 1:30pm, [police officer], received a call for a missing person at the Miracle House, located at 245 Valleybrook Lane. While finishing my call, I was able to make contact with [FC #5] and [FC #6]. They had returned to Miracle House on their own and were in good health."</p> <p>Runaway Incident #4:</p> <p>Review on 1/11/22 of the IRIS revealed: - Date of Incident: 10/9/21 - Time of Incident: 12:30 pm - Consumer's name: Client #1</p>	V 112		

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V 112	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>- Name of Person Completing this form: Therapist</li> <li>- Client #1 "refused to listen to staff (unknown which staff) share tips for him to regain his composure instead of leaving the facility without permission." Client #1 ran into the bushes and staff lost line of sight. Staff contacted police. The police returned client #1 back to the group home. It is unknown from the report when client #1 was brought back to the group home.</li> </ul> <p>Runaway Incident #5</p> <p>Review on 1/20/22 of the IRIS revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 10/9/21</li> <li>- Time of Incident: 2:45 pm</li> <li>- Consumer's name: Client #1</li> <li>- Name of Person Completing this form: QP #3</li> <li>- Client #1 stated that he was upset for not being allowed to participate in the activities due displaying non-compliant behaviors and smoking. Client #1 stated that nobody listens to him about how he really feels regarding returning home to his family. Client #1 walked out of the facility without permission of staff. Staff searched the area and called the police. It is unknown from the report when client #1 was brought back to the group home.</li> </ul> <p>Runaway Incident #6</p> <p>Review on 1/20/22 of the IRIS revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 10/9/21</li> <li>- Time of Incident: 4:15 pm</li> <li>- Consumer's name: Client #1</li> <li>- Name of Person Completing this form: Therapist</li> <li>- Client #1 expressed his agitation and inability to stay still and wanted to be away from the Level III facility because of feelings: isolation, depression</li> </ul>	V 112		

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V 112	<p>Continued From page 12</p> <p>and loneliness. Staff urged client #1 to remain safe and to process with staff about his emotions instead of displaying AWOL behaviors. Client #1 left the group home from his bedroom window. Staff (unknown which staff) searched for client #1 in the area. The police were called. The police returned client #1 to the group home. It is unknown from the report when client #1 was brought back to the group home.</p> <p>Runaway Incident #7</p> <p>Review on 1/20/22 of the IRIS revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 10/31/21</li> <li>- Time of Incident: 7:15 pm</li> <li>- Consumer's name: FC #5 Note: FC #6 and client #1 were also involved with this incident.</li> <li>- Name of Person Completing this form: Therapist</li> <li>- Staff (unknown which staff) prompted FC #5 to prepare to complete his nightly hygiene routine. Staff urged FC #6 to ensure he refrains from being rude and disrespectful towards his peers and staff. FC #6 stated he was frustrated and tired and wanted to go to bed. Staff conducted 15-minute checks and noticed FC #5 was missing and his window was open. Also noticed that client #1 and FC #6 were missing and their windows were open. Staff searched for all the clients in the neighborhood and located the clients, but they ran from the staff. The police were called. The police returned FC #5, FC #6 and client #1 to the group home. It is unknown from the report when the clients were brought back to the group home.</li> </ul> <p>Review on 1/20/22 of the Police Report revealed:</p> <ul style="list-style-type: none"> <li>-Date/time reported: 10/31/21 at 19:43 (7:43 pm)</li> <li>- Name: Client #1, FC #6 and FC #5</li> <li>- On 10/31/21 around 1945HRS (7:45 pm)</li> </ul>	V 112		

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V 112	<p>Continued From page 13</p> <p>responded to runaway juveniles at 245 Valleybrook Ln. When I arrived spoke with caller. He advised that the three male subjects had left the house earlier around 1930HRS. He road around the area to look for them before calling. The caller located the runaways ...but when he went to turn around they fled on foot. Myself and [police officer] just the area for about 30 minutes and was unable to locate. All three juveniles will be entered missing into NCIC ...On 11/1/21 at 0530HRS (5:30 am) myself and [police officer] responded to a report of a 4-wheeler driving down [local street]. [Police Officer] got out with the three runaway juveniles on the 4-wheeler ...Myself and [police officer] transported all three juveniles back to 245 Valleybrook Ln. I cleared all three juveniles from NCIC."</p> <p>Runaway Incident #8</p> <p>Review on 1/20/22 of the IRIS revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 11/4/21</li> <li>- Time of Incident: 7:50 pm</li> <li>- Consumer's name: FC #5 and FC #6</li> <li>- Name of Person Completing this form: QP #3</li> <li>- Staff (unknown which staff) ensured FC #5 that he would be allowed to have his nighttime snack after he completed his nightly hygiene routine. FC #5 reflected on his frustration with following the rules and regulations of the level III residential facility. Staff did a 15-minute safety check and noticed FC #5's window was open. Staff observed FC #5 and his peer (FC #6), were missing. Staff contacted the police.</li> <li>- Another entry in the IRIS report indicated that FC #5 and other clients (unknown which consumers) were found at another location. It is unknown which date and time FC #5 and FC #6 were found.</li> </ul>	V 112		

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V 112	<p>Continued From page 14</p> <p>Review on 1/20/22 of the Police Report revealed:                      - Date/time reported: 11/4/21 at 19:11 (7:11 pm)                      - Name: FC #5 and FC #6                      - "On 11/04/2021 responded to a runaway juvenile at 245 Valleybrook Ln around 1900HRS (7:00 pm). Myself and [police officer] checked the area for approx. 30 min and was unable to locate the subjects. A caller then called in advising the two juveniles ran behind [local restaurant] headed towards [local fire department]. I checked on foot behind same unable to locate. Both juveniles have been entered NCIC along with clothing description. No further information ...on 11/7/21 at 1320 HRS (1:20 pm) ECOM (emergency communications) advised for me to call in reference a hit confirmation on [FC #5] where same was located by [nearby police department]. Confirmed to ECOM, and [nearby police department] did the locate on [FC #5]. [FC #6] is still missing."</p> <p>Runaway Incident #9</p> <p>Review on 1/20/22 of the IRIS revealed:                      - Date of Incident: 11/26/21                      - Time of Incident: 7:45 pm                      - Consumer's name: client #1                      - Name of Person Completing this form: QP #3                      - Client #1 had become upset and triggered by his peers. Client #1 started cursing and arguing with staff regarding his desire to leave the group home. Client #1 packed up his bag and stated he was leaving the group home. Client #1 refused to remain in his assigned area and walked out the front door. Staff (unknown which staff) contacted the police. Police came to the group home. Later client #1 returned to the group home on his own and the police were notified that client #1 had returned. It is unknown what time client #1 returned to the facility.</p>	V 112		

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V 112	<p>Continued From page 15</p> <p>Runaway Incident #10</p> <p>Review on 1/20/22 of the IRIS revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 12/11/21</li> <li>- Time of Incident: 1:00 am</li> <li>- Consumer's name: FC #5</li> <li>- Name of Person Completing this form: QP #3</li> <li>- "Staff prompted [FC #5] to prepare for the remainder of the day. Staff commended [FC #5] for walking away when expressing his frustration with his peers. Staff actively listened to [FC #5] express how he becomes irritated when his peers interrupt him when he's speaking. Staff attempted to role play with [FC #5] on how to redirect his negative thoughts and emotions when feels angry and frustrated emotionally and mentally. Staff praised [FC #5] for redirecting his negative thoughts and emotions prior to completing his nightly hygiene routine. [FC #5] agreed to ask for further assistance from staff when necessary. Staff prompted [FC #5] to remain in his assigned area and to abide by the group home rules and regulations. [FC #5] stated he was still upset and didn't feel like remaining in his designated area. Staff processed with [FC #5] on utilizing his coping skills such as deep breathing and journaling any negative thoughts and emotions. Staff commended [FC #5] for retiring to his designated area for the remainder of the night. Staff conducted 15-30-minute safety checks to ensure the safety of [FC #5]. Staff continued to check on [FC #5] every 15-30 minutes for safety. Staff went into [FC #5]'s designated area to ensure he was safe and [FC #5]'s window was opened. [FC #5] left out of the window without staff's permission. Staff contact [Local Law Enforcement] to report [FC #5] missing. Staff contacted [FC #5's] Guardian to make her aware</li> </ul>	V 112		



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V 112	<p>Continued From page 16</p> <p>of the missing person's report. Officer came and to gather additional documentation in order to identify [FC #5]. [Police Officer] contacted to inform the group home that [FC #5] stole a car from someone's home and drove the car to [city] where [FC #5] caught a flat tire. [Police Officer] also stated [FC #5] was most likely not alone anymore. [Nearby police department] contacted the group home and reported [FC #5] was with someone crossing the street and the other person was hit by a car and reported [FC #5] was questioned by a police officer and [FC #5] provided false information to the officer. The officer looked up some information and saw that both [FC #5] and the person hit by the car was reported missing. [Police Officer] stated that [FC #5] ran away and they could not find him therefore there was no longer a request to come pickup [FC #5]. Staff was contacted by an anonymous tip to pick up [FC #5] from a hotel near the [local shopping mall]. Staff picked up [FC #5] and accompanied him to [local hospital] for psychiatric evaluation. [Local Hospital] released [FC #5] stating he was not a danger to anyone nor himself."</p> <p>Review on 1/14/22 of the Police Report revealed: - Date/time reported: 12/11/21 at 0:53 (12:53 am) - Name: FC #5 - "On 12/11/21 responded to a runaway juvenile at 245 Valleybrook Lane around 0050HRS (12:50 am). [Police officer #1] and [police officer] responded to the area and checked same for about 30 minutes unable to locate the offender (FC #5). The offender was last seen around 0030HRS (12:30 am) at 245 Valleybrook Ln. The offender will be entered in NCIC along with what he was last wearing. No further information at this time." - "On 12/12/21 around 11:04 a.m. I was</p>	V 112		

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V 112	<p>Continued From page 17</p> <p>dispatched to a speak with officer in reference to [FC #5] the runaway from Miracle House. I then made contact with [FC #5's mother] ... [FC #5's mother] stated that she had been contacted by [staff #2] who is one of the councelors from the facility. [FC #5's mother] said [staff #2] told her he had been contacted by an officer with [second police department] (37 miles away) told him he had made contact with [FC #5] but let him go. [FC #5's mother] asked me if we had done a missing person report and I advised her we had. [FC #5's mother] said she didn't understand why the officer let [FC #5] go. I told [FC #5's mother] I would try and find out.</p> <p>- "I then made contact with [staff #2] who told me that he had spoken with a [second police department's] offirc around 10:30 p.m. who told him [FC #5] was in [city]. [Staff #2] did not remember the officer's name and didn't have his phone number. [Staff #2] told me about the officer making contact with [FC #5] and [FC #5] not giving him the correct information of his identity. The officer was unable to identify him at that time and is why he didn't take custody of him. I then asked communications to contact [a second police department] to have an officer contact me. I was later contacted by [police officer] who was the officer that had made contact with [FC #5]. [The police officer] stated that [FC #5] and another runaway female was crossing the a highway to get to the mall when the female was struck by a car. [The police officer] said that when he was investigating the incident, [FC #5] gave him the incorrect spelling of his name. [The police officer] told me that when he was questionoing [FC #5] more he got upset and then ran off. [The police officer] stated at that point he had not identified him so he did not pursue. [The police officer] said that [FC #5] had said they were trying to ge to the motel in which [the police officer] later</p>	V 112		

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V 112	<p>Continued From page 18</p> <p>checked. [The police officer] told me that the clerk told him that she had seen him earlier but did not know where he was. [The police officer] stated that he looked for him in the area but he didn't find him. Unkown how [FC #5] got to [city] (37 miles away) or his location at this time."</p> <p>- "On 12/13/2021, I was notified by [staff #2], Miracle House staff member, that [FC #5] was back in town and was at [hospital], in behavioral health. [Staff #2] was going to try and get an IVC (Involuntary Commitment) order for [FC #5] and have them hold him for at least 48 hours ... According to [staff #2], he found him at a motel across from [local mall], and transported him back to town."</p> <p>- "On December 13, 2021 [police officer] contacted by [staff #2] and [staff #2] advised he had [FC #5] in his custody and was taking him to [local hospital]. I made contact with [local hospital] and the charge nurse advised me [FC #5] was released into the custody of the group home. I had [police officer] go by the group home at 245 Valley Brook Lane to verify [FC #5] was there. [FC #5] was at the home and under the care of staff. This report is closed and [FC #5] has been cleared from NCIC."</p> <p>Review on 1/14/22 of the Police Report revealed:</p> <ul style="list-style-type: none"> <li>- Date/time reported: 12/11/21 at 8:33 am</li> <li>- Name: FC #5</li> <li>- "On 12/11/21 around 8:33 a.m. I was dispatched to [local tire company] in reference to larceny of a truck. Upon my arrival I spoke with [the business owner] of the company and the truck. [The business owner] stated that he was contacted this morning by [highway patrol]. [The business owner] said the trooper told him she had located a truck on the side of [interstate] in [local city] that was registered to his company. [The business owner] told me the Trooper said the truck had</li> </ul>	V 112		

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V 112	<p>Continued From page 19</p> <p>some damage on it and was wanting to know why it was at that location. [The business owner] stated he told the Trooper that it shouldn't be there and that it must have been stolen. [The business owner] then contacted 911 and advised them of the situation."</p> <p>- "[The business owner] then pulled up his video from his surveillance cameras. The truck was parked in front of one of the cameras. Around 1:04 a.m. a subject wearing a grey in color hoodie, dark pants, white in color tennis shoes, with a book bag on his back is seen walking up and entering the vehicle. The subject sat inside the truck for a while and appeared to be trying to figure out how to operate it. The subject then figured out how to drive the vehicle forward. The subject moved the vehicle forward several feet the stopped. The subject then got out and ran back toward the building. The subject then reappeared carrying a large duffle bag. The subject got back inside the truck and began backing up and is seen leaving the area."</p> <p>- "On one of the other surveillance cameras the subject can be seen a lot clearer and can be identified as [FC #5]. [FC #5] is a thirteen year old black male that was reported as a runaway around 12:30 a.m. from the Miracle House. I then went to that location and spoke to one of the councilors. I asked what [FC #5] had taken when he left. The councilor stated his clothes in a large duffle bag. I then asked the councilor to go back to the scene to watch the surveillance video. We then returned to the location and after watching the video the councilor stated that it was definitely [FC #5]...There was damage to the right rear of the truck and a small scratch on the left side ..."</p> <p>Runaway Incident #11</p>	V 112		

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NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSES VALLEY BROOK I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>245 VALLEY BROOK LANE TROUTMAN, NC 28166</b>
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V 112	<p>Continued From page 20</p> <p>Review on 1/20/22 of the IRIS revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 12/17/21</li> <li>- Time of Incident: 8:30 pm</li> <li>- Consumer's name: client #1</li> <li>- Name of Person Completing this form: Former QP</li> <li>- Client #1 was being prompted by staff (unknown which staff) to remain in his assigned area. Client became defiant and ran outside, and staff followed him until he went into the woods. Staff contacted the police and the police brought back client #1 about an hour and half later.</li> </ul> <p>Runaway Incident #12</p> <p>Review on 1/11/22 of the IRIS revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 12/18/21</li> <li>- Time of Incident: 4:00 pm</li> <li>- Consumer's name: client #1</li> <li>- Name of Person Completing this form: Administrative Assistant</li> <li>- Client #1 was found with tobacco products "that were from staff's (unknown which staff) backpack." Client #1 got upset when questioned about how he got the tobacco products.</li> <li>- "After staff was able to obtain the tobacco products, staff placed the tobacco products back safely in his backpack within the vehicle and locked it away safely."</li> <li>- Client #1 later became upset and ran out the back door. The police were called and the police returned client #1 to the group home "hours" later.</li> </ul> <p>Review on 1/14/22 of the Police Report revealed:</p> <ul style="list-style-type: none"> <li>- Date/time reported: 12/18/21 at 16:34 (4:34 pm)</li> <li>- Name: client #1</li> <li>- "On 12/18/21, I and [police officer] responded to 245 Valley Brook Lane, in reference to a missing runaway. I was notified [client #1] had run off five</li> </ul>	V 112		

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V 112	<p>Continued From page 21</p> <p>minutes prior to my getting the call. [Police officer] and I searched the area but was unable to locate [client #1]. 12/19/2021 09:22 (9:22 am) [client #1] was located on (road) earlier this morning by [local sheriff's office] ..."</p> <p>Runaway Incident #13</p> <p>Review of the IRIS on 1/20/22 revealed no report of an incident involving FC #5 and client #1 on 12/19/21.</p> <p>Review on 1/14/22 of the Police Report revealed:                      - Date/time reported: 12/19/21 at 15:15 (3:15 pm)                      - Names: FC #5 and client #1                      - "On 12-19-21 at 1515 HRS (3:15 pm) The employees of the miracle houses stated that [client #1] and [FC #5] left the facility and was on foot. [Police Officer] and myself noticed the subjects walking at the corner of [street name] and [street name]. I immediately noticed that [FC #5] was bouncing around and in the thinking process of running while [client #1] was walking down at a steady pace. [Police officer] attempted to get control of [FC #5] but same got around [police officer] and began running in the back yards of [street]. I drove around to [street] and got out of the car and began chasing [FC #5]. [FC #5] ran behind [street] and I noticed him to be getting winded. I apprehended [FC #5] in the bottom of the hill at [street] with the help of an employee from the group home ...placed [FC #5] in handcuffs to ensure that he would not run again ...I escorted [FC #5] back to the group home where he kept asking me where my warrant was and he kept calling me racial slur. I left [FC #5] at the house and attempted to look for [client #1] at this time ....12/19/2021 18:20 (6:20 pm) On todays date [client #1] returned to the home on his own accord and was cooperative. Rather than</p>	V 112		

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V 112	<p>Continued From page 22</p> <p>calling us, a female worker (unknown group home staff) brought him to the PD (police department) and wanted us to search him and transport him to the hospital for an IVC. [Client #1] was cooperative and gave us no issues. I explained to the female (unidentified facility staff) we were not going to transport [client #1] since he was cooperative and not causing an issue. She was unhappy with my answer, but eventually transported [client #1] in her vehicle. This is the same female expecting us to transport juveniles every time. She is also the same one that has runaways nearly every day she works ..."</p> <p>Runaway Incident #14</p> <p>Review on 1/11/22 of the IRIS revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 12/20/21</li> <li>- Time of Incident: 5:45 pm</li> <li>- Consumer's name: FC #5</li> <li>- Name of Person Completing this form: Administrative Assistant</li> <li>- "[FC #5] was prompted to complete his evening hygiene routine as scheduled for the end of the day. [FC #5] came out of the bathroom and just threw his soiled clothing and linen on the hallway floor. [FC #5] was prompted by staff to pick his items up off the floor and was then observed packing his bookbag. Staff attempted to process with [FC #5] to find out what was wrong with him but he refused to respond. Staff continued to try and process to find out what was going on with [FC #5]. [FC #5] then proceeded to walk out of the front door. Staff followed [FC #5] while trying to process with him but he proceeded to run. AWOL protocol was followed at that time. [Local police] officers returned with [FC #5] later in the middle of the night around 1am. Executive Director requested that staff transport [FC #5] to [local hospital] where he jumped out of the car</li> </ul>	V 112		

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V 112	<p>Continued From page 23</p> <p>and ran. Staff again called to make another report of the missing [FC #5]. On 12/21/2021 [local police] reached out to Executive Director to have her meet with them in [local city] to turn [FC #5], they stated that [FC #5] had stolen a car and possible damage to stolen vehicle. [FC #5] has been admitted at [local hospital] for evaluation and is to be released to his foster Parent when he has completed his treatment with [local hospital]."</p> <p>Review on 1/20/22 of the IRIS revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 12/20/21</li> <li>- Time of Incident: 5:45 pm</li> <li>- Consumer's name: client #1</li> <li>- Name of Person Completing this form: Administrative Assistant</li> </ul> <p>- Staff (unknown which staff) was processing with a peer who was trying to go AWOL and client #1 walked through the neighbor's back yard. Staff followed client #1 until client #1 was out of sight. Police were called and consumer returned to the facility on the same day. It is unknown what time client #1 returned to the facility.</p> <p>Review on 1/20/22 of the police report revealed:</p> <ul style="list-style-type: none"> <li>- Date/time reported: 12/20/21 18:01 (6:01 pm)</li> <li>- Name: FC #5 and client #1</li> <li>- "On 12/20/2021 Myself and [Police Officer] responded to the area of 245 Valleybrook Ln (Lane). We checked the area for approx. 20 min. (minutes) when [police officer] located [client #1] one of the runaways behind [local business], [police officer] transported [client #1] back to 245 Valleybrook while I continued to look for the offender (FC #5). I checked all known business in the area. [Police officer] gained info that the offender might be located near the [local Pub]. Myself and [police officer] checked same, but was unable to locate same. There was beer bottles where they have been there before. The offender</li> </ul>	V 112		



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V 112	<p>Continued From page 24</p> <p>is entered into NCIC along with a BOLO (Be On the Look Out) sent out. No further information at this time ....12/20/21 22:31 (10:31 pm): On 12/20/21 around 2200HRS (10:00 pm) [neighboring police department] advised they had located offender (FC #5) with the [client #1] subject. The two was located in a vehicle they took from [local road] in [local city]. [Neighboring police department] detained the two and held them at there police department until the group home picked them up. [Neighboring police department] sent the locate and he has been taken out of NCIC."</p> <p>Runaway Incident #15</p> <p>Review on 1/20/22 of the IRIS revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 1/15/22</li> <li>- Time of Incident: 7:55 pm</li> <li>- Consumer's name: client #1</li> <li>- Name of Person Completing this form: QP #3</li> <li>- "On 1.15.22 at 7:45 pm. After administering medication and showering, Consumer #102926 (client #1) transitioned to his assigned area for the night but was later discovered to have gone AWOL."</li> <li>- Staff (unknown which staff) went into client #1's bedroom and noticed his window was open. Staff saw client #1 walking up the street and staff called out for him. Client #1 then started running towards the woods and the police were called. While client #1 was away from the group home, he stole from a local store.</li> <li>- Client #1 returned to the group home on his own.</li> </ul> <p>Interview on 1/12/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- She attempted to prevent FC #5 from running by discussing in staff meetings keeping eyes on FC #5. She also used incentives and telephone calls</li> </ul>	V 112		

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V 112	<p>Continued From page 25</p> <p>to FC #5's mother as an intervention to prevent FC #5 from running away because FC #5's mother could calm him down.</p> <p>Interview on 1/24/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- The strategies the staff used with FC #5 to prevent AWOLs: extra staff, put a chair at his door, process with him, incentives to earn money/purchase items.</li> <li>- The staff used the strategy of taking FC #5's shoes and extra clothes to prevent AWOLs but she stopped allowing this to be used because in the past a MCO (Managed Care Organization) had cited her for taking another client's shoes.</li> <li>- The staff used the same strategies with FC #6 as she used with FC #5. Additionally, with FC #6 she used "stop and think" strategies.</li> <li>- The strategies the staff used with client #1 to prevent AWOLs: incentives, giving him rewards, going on outings with certain staff and walking in the woods with staff.</li> </ul> <p>Interview on 1/13/22 with FC #5 revealed:</p> <ul style="list-style-type: none"> <li>- One time staff took his shoes and extra clothes and that prevented him from running.</li> <li>- Then later, staff gave him back his clothes and shoes and he started running again.</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides</p>	V 293		

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V 293	<p>Continued From page 26</p> <p>intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p>	V 293		

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V 293	<p>Continued From page 27</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide treatment to minimize the occurrence of behaviors and failed to ensure supervision and safety, affecting 1 of 4 current clients (client #1) and 2 of 2 former clients (FC #5 and FC #6). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on records review and interviews, the facility failed to develop and implement strategies affecting 1 of 4 current clients (#1) and 2 of 2 former clients (FC #5 and FC #6).</p> <p>Review on 1/21/22 of the Plan of Protection dated 1/21/22 written by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The plan of protection will take place effectively today January 21, 2022.</p> <p>Miracle Houses will adhere to the AWOL policy when a consumer has gone awol (2 to 3 times) Miracle Houses Inc will continue to submit a 10-day health and safety discharge and a 30-day discharge to the MCO and the guardian and follow through with the discharge. Also, when the guardian refuses to pick up their child, Miracle Houses Inc. will file a complaint with the local</p>	V 293	<p><b>V293 Scope</b></p> <p><b>Corrected:</b> -Training on AWOL Prevention protocols, and ensuring building and vehicles are secure occurred on 10/7/21.</p> <p>-Training on Plan of Protection conducted on 1/24/21 to ensure consistent follow-through with the plan.</p> <p><b>Prevent:</b> - Daily debrief with employee to review effectiveness of plan facilitated by QP - Weekly review of plan to determine adjustments facilitated by Clinical Director</p> <p><b>Monitor:</b> -Monthly Incident Review committee meeting to identify trends and overcome barriers to safe therapeutic environment for clients, led by Executive Leadership and Envesti Solutions. -An internal incident monitoring tool will be created and reviewed with leadership quarterly.</p>	<p>10/7/21</p> <p>1/24/21</p>

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V 293	<p>Continued From page 28</p> <p>Department OF SOCIAL SERVICES AND REPORT A NEGLECT CHARGE. Miracle Houses will continue to ensure that strategies are put in place in the Child's Person Center Plan to address their present behaviors and prehistory behaviors. Miracle Houses Inc. will continue to meet with staff prior to being admitted to ensure that staff is receptive and understand consumer needs. Miracle Houses Inc. will continue to communicate with the child's guardian from admission to the discharge."</p> <p>The facility served former and current clients with various diagnoses not limited to: Attention Deficit Hyperactivity Disorder, Conduct Disorder, Disruptive Mood Dysregulation Disorder, Anxiety Disorder, Intellectual Disability, and Cannabis Use Disorder.</p> <p>The clients had a history of: lying, stealing, setting fire in a home, AWOL behaviors, physical aggression, hitting and choking family members, property destruction and inappropriate sexual behavior. During the time period between 9/11/21-1/15/22, there were 15 different incidents of AWOL. During one AWOL incident, FC #5 who was 13, was gone for two days, stole a truck, drove the truck over a hour away and the truck was hit while he was driving it. There was another runaway incident involving FC #5 and client #1 who were found by the police in a stolen car. During another runaway incident involving FC #5 and FC #6, FC #5 was found 3 days later, and FC #6 was still missing on day 3. Multiple Law Enforcement agencies have been involved in the AWOL incidents. While treatment plans identified AWOL behaviors for these clients, there were never any strategies developed or implemented to address the ongoing and dangerous AWOL behaviors.</p>	V 293		

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V 293	Continued From page 29  This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$5,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 293		
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; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present	V 296		

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NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSES VALLEY BROOK I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>245 VALLEY BROOK LANE TROUTMAN, NC 28166</b>
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V 296	<p>Continued From page 30</p> <p>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 record review and interviews, the facility failed to ensure 1 of 2 former client's (FC #5) individualized needs were provided as specified in the treatment plan. The findings are:</p> <p>Review on 1/11/22 of FC #5's record revealed: - Admission date: 8/16/21 - Discharge date: 12/22/21 - Age: 13 - Diagnoses: ADHD (Attention Deficit Hyperactivity Disorder), Combined type and Conduct Disorder - Review of FC #5's Person Centered Profile (PCP) dated 12/14/21 revealed: " ...will learn and develop positive coping skills ...in order to manage his aggressive behaviors evidenced by a reduction in physical and verbal aggression toward others and marked improvement with the</p>	V 296	<p><b>V296 Staffing</b></p> <p><b>Corrected:</b> -Employee schedule includes two to three staff on shift</p> <p><b>Prevent:</b> -Clinical Director will meet with House Managers to discuss ratio adjustments based on client needs.</p> <p><b>Monitor:</b> -A copy of the staff schedule will be sent to Executive Director for approval prior execution</p>	

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V 296	<p>Continued From page 31</p> <p>utilization of positive coping skills to decrease symptoms of irritability 4:7 days per week for six months and AWOL (absent without leave) behaviors ...Master Level Qualified Professional (QP) will provide one on one staffing to prevent AWOL behaviors."</p> <p>- Review of FC #5's discharge plan: "Reason for Discharge: ...[FC #5] displayed AWOL weekly."</p> <p>Review on 1/11/22 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 12/20/21</li> <li>- Time of Incident: 5:45 pm</li> <li>- Consumer's name: FC #5</li> <li>- Name of Person Completing this form: Administrative Assistant</li> <li>- FC #5 walked out the front door and went AWOL at 5:45 pm. The report did not indicate which staff were present during this incident. An unknown staff followed FC #5 and FC #5 started to run. The local police were called by unknown staff and the local police returned FC #5 to the group home around 1:00 am. The Licensee instructed staff to transport FC #5 to the local hospital where he jumped out of the car and ran again. While FC #5 ran again he stole a car and there was "possible damage" to the stolen car.</li> </ul> <p>Review on 1/20/22 of the police report revealed:</p> <ul style="list-style-type: none"> <li>- Date/time reported: 12/20/21 18:01 (6:01 pm)</li> <li>- Name: FC #5 and client #1</li> <li>- "On 12/20/2021 [police officer #1]and [Police Officer] responded to the area of 245 Valleybrook Ln (Lane). We checked the area for approx. (approximately) 20 min. (minutes) when [police officer] located [client #1] one of the runaways behind [local business], [police officer] transported [client #1] back to 245 Valleybrook while I continued to look for the offender (FC #5). I checked all known business in the area. [Police</li> </ul>	V 296		



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V 296	<p>Continued From page 32</p> <p>officer] gained info (information) that the offender might be located near the [local Pub]. Myself and [police officer] checked same, but was unable to locate same. There was beer bottles where they have been there before. The offender is entered into NCIC (National Crime Information Center) along with a BOLO (Be On the Look Out) sent out. No further information at this time ....12/20/21 22:31 (10:31 pm): On 12/20/21 around 2200HRS (10:00 pm) [neighboring police department] advised they had located offender (FC #5) with the [client #1] subject. The two was located in a vehicle they took from [local road] in [local city]. [Neighboring police department] detained the two and held them at there police department until the group home picked them up. [Neighboring police department] sent the locate and he has been taken out of NCIC."</p> <p>Review on 1/14/22 of "Employee Timesheet Work Log" dated 12/20/21 revealed:</p> <ul style="list-style-type: none"> <li>- Two staff had signed in on 12/20/21 for second shift: QP #2 and staff #1.</li> <li>- The QP #2 signed in from 3:00 pm-9:47 pm</li> <li>- Staff #1 signed in from 2:30 pm-11:47 pm</li> <li>- Staff #3 did not sign in on 12/20/21.</li> </ul> <p>Review on 1/14/22 of staff #1"s December 2021 time sheet revealed:</p> <ul style="list-style-type: none"> <li>- On 12/2021 she worked from 6:50-11:45 (am or pm was not documented) at Miracle Houses Valley Brook I.</li> </ul> <p>Review on 1/14/22 of staff #3's December 2021 time sheet revealed:</p> <ul style="list-style-type: none"> <li>- On 12/20/21 she worked from 1:15-8:15 (am or pm was not documented) but not at Miracle Houses Valley Brook I.</li> <li>- The group home listed on staff #3's December 2021 time sheet is a different group home owned</li> </ul>	V 296		

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V 296	<p>Continued From page 33</p> <p>by the Licensee.</p> <p>Review on 1/14/22 of the QP #2's December 2021 time sheet revealed:</p> <ul style="list-style-type: none"> <li>- On 12/20/21 she worked from 1:45-9:45 (am or pm was not documented)</li> </ul> <p>Interviews on 1/13/22 and 1/18/22 with FC #5 revealed:</p> <ul style="list-style-type: none"> <li>- During the month of December 2021 there would be two staff who worked from when he woke up until he went to bed. The night shift started at 8 pm and there were 1 or 2 staff who worked at night.</li> <li>- He did not have a "one on one" staff person who supervised him.</li> <li>- On 12/20/21 he ran 3 times.</li> <li>- The first time he ran on 12/20/21 he ran by himself and QP #2 and staff #1 were working. He ran around 5-6 pm and the sheriff's department brought him back.</li> <li>- The second time he ran on 12/20/21 he ran with client #1. Staff #8 was the only staff working when he ran. He got picked up by the local police department. When he was brought back by the police, staff #7 drove over to assist staff #8 with driving him to the behavioral health hospital.</li> <li>- He ran the 3rd time on 12/20/21 once he arrived at the behavioral health hospital. He found a car with the keys in it across the street from the hospital and drove the stolen car until he was found by the local sheriff deputy. Once he was found by the sheriff deputy, he pulled the stolen car over. The sheriff deputy put him in handcuffs until the Licensee met him and drove him back to the behavioral health hospital.</li> </ul> <p>Interview on 1/14/22 with the QP #2 revealed:</p> <ul style="list-style-type: none"> <li>- She or staff #2 acted as FC #5's one on one staff.</li> </ul>	V 296		

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V 296	<p>Continued From page 34</p> <ul style="list-style-type: none"> <li>- She could not recall the exact time that FC #5 ran on 12/20/21, "it was second shift."</li> <li>- She felt that FC #5 "was fine" and "not triggered" prior to running.</li> <li>- On 12/20/21, FC #5 threw his dirty clothes and towel outside the bathroom door and she prompted him to pick it up. He then started packing items in his backpack, put on his coat and went out the door. She followed FC #5 outside but he got away from her and she called 911. Staff #1 and staff #3 were also working.</li> <li>- There are no alarms on the windows because the clients kept taking the alarms off the windows.</li> <li>- "I am not sure why [FC #5] was running."</li> </ul> <p>Interview on 1/13/22 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>- He was not sure which staff was FC #5's one on one staff.</li> <li>- He was not aware that FC #5's treatment plan had indicated FC #5 needed one on one staffing.</li> </ul> <p>Interview on 1/14/22 with staff #8 revealed:</p> <ul style="list-style-type: none"> <li>- Staff #9 worked with him on 12/20/21.</li> <li>- When FC #5 ran the first time on 12/20/21, two staff were present: QP #2 and staff #1.</li> <li>- On 12/20/21 after FC #5 ran the first time, he then came on shift and picked up FC #5 from the local police department around 8:30 pm.</li> <li>- Once FC #5 was brought back to the group home, he ate and then ran away again. "He walked out the back door." He called the police and the police brought FC #5 back to the group home.</li> <li>- He and staff #9 drove FC #5 to the hospital.</li> </ul> <p>Interview on 1/14/22 with staff #9 revealed:</p> <ul style="list-style-type: none"> <li>- She started working at the group home 12/9/21 and since she started, there had always been 2 staff who worked her shift.</li> <li>- She worked 3rd shift on 12/20/21 and recalled</li> </ul>	V 296		

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V 296	<p>Continued From page 35</p> <p>FC #5 running. FC #5 ran before she started her shift at 11 pm. When she came in at 11 pm, the police were there.</p> <ul style="list-style-type: none"> <li>- On 12/20/21, she worked 3rd shift with staff #8. On 12/20/21, 2nd shift had two staff who worked but due to being a new employee she could not remember the names of the two staff who worked before her shift on 12/20/21.</li> </ul> <p>Interview on 1/18/22 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- During the month of December 2021 there were always 2 or 3 staff who worked each shift. It was more often 2 staff.</li> <li>- On 12/20/21, she worked with the QP #2 and staff #3 on 2nd shift (2:00 pm or 3:00 pm until 11:00 pm). On 12/20/21, FC #5 and client #1 ran during 2nd shift and the police were called. This occurred right after FC #5 took a shower around 6:00 pm. FC #5 and client #1 were found by the neighboring police department in a stolen car.</li> <li>- Staff #8 and staff #9 worked the 3rd shift on 12/20/21.</li> <li>- Staff #8 took FC #5 to the behavioral health hospital after FC #5 ran the second time. When FC #5 arrived at the behavioral health hospital, FC #5 got out of the car and ran again.</li> <li>- Staff #2 and the Licensee were FC #5's one on one staff.</li> </ul> <p>Interview on 1/19/22 with staff #3 revealed:</p> <ul style="list-style-type: none"> <li>- She worked on 12/20/21 she thought on 2nd shift.</li> <li>- She recalled working with the QP #2 and another staff. She recalled QP #2 trying to chase FC #5 when he was running.</li> <li>- She could not recall the time she worked on 12/20/21 because she worked different group homes.</li> <li>- "We don't have a certain time we work. My 2nd shift could start at any time."</li> </ul>	V 296		

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V 296	<p>Continued From page 36</p> <p>Interviews on 1/14/22, 1/18/22 and 1/24/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- In December 2021, the one on one for FC #5 was staff #2. FC #5 "would call [staff #2] if he needed him but he really didn't need that (one on one staff)."</li> <li>- "I didn't think [FC #5] needed a one on one during the 3rd shift."</li> <li>- She had put alarms on the group home windows twice: one time a year ago and then one time right before the summer 2021. The clients pulled the alarms off.</li> <li>- The group home time sheets were not accurate because staff did not always sign in.</li> </ul> <p>This deficiency constitutes a re-cited deficiency</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Failure to Correct Type A1.</p>	V 296		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the</p>	V 367		

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V 367	<p>Continued From page 37</p> <p>Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of</p>	V 367		

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V 367	<p>Continued From page 38</p> <p>becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ol> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all Level II incidents that occurred during the provision of billable services to the LME (Local Management Entity) within 72 hours of becoming aware of the incident. The findings</p>	V 367		

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V 367	<p>Continued From page 39</p> <p>are:</p> <p>Review on 1/14/22 of the Police Report revealed:</p> <ul style="list-style-type: none"> <li>- Date/time reported: 12/19/21 at 15:15 (3:15 pm)</li> <li>- Names: FC #5 and client #1</li> <li>- "On 12-19-21 at 1515 HRS (3:15 pm) The employees of the miracle houses stated that [client #1] and [FC #5] left the facility and was on foot. [Police Officer] and myself noticed the subjects walking at the corner of [street name] and [street name]. I immediately noticed that [FC #5] was bouncing around and in the thinking process of running while [client #1] was walking down at a steady pace. [Police officer] attempted to get control of [FC #5] but same got around [police officer] and began running in the back yards of [street]. I drove around to [street] and got out of the car and began chasing [FC #5]. [FC #5] ran behind [street] and I noticed him to be getting winded. I apprehended [FC #5] in the bottom of the hill at [street] with the help of an employee from the group home ...placed [FC #5] in handcuffs to ensure that he would not run again ...I escorted [FC #5] back to the group home where he kept asking me where my warrant was and he kept calling me racial slur. I left [FC #5] at the house and attempted to look for [client #1] at this time ....12/19/2021 18:20 (6:20 pm) On todays date [client #1] returned to the home on his own accord and was cooperative. Rather than callings us, a female worker brought him to the PD and wanted us to search him and transport him to the hospital for an IVC. [Client #1] was cooperative and gave us no issues. I explained to the female we were not going to transport [FC #5] since he was cooperative and not causing an issue. She was unhappy with my answer, but eventually transported [FC #5] in her vehicle. This is the same female expecting us to transport juveniles every time. She is also the same one</li> </ul>	V 367	<p><b>V367 Incident Reporting</b></p> <p><b>Corrected:</b></p> <ul style="list-style-type: none"> <li>-Training on AWOL Prevention protocols, and ensuring building and vehicles are secure occurred on 10/7/21.</li> <li>-Training on IRIS Reporting conducted on 1/31/22 to ensure proper documentation.</li> </ul> <p><b>Prevent:</b></p> <ul style="list-style-type: none"> <li>-Monthly Supervision will be facilitated by Clinical Director on client specific needs and intervention strategies.</li> <li>-Internal communication updated as needed to employees to review daily and acknowledge. This is to inform staff as soon as possible as needs are presented.</li> <li>-In process of creating and implementing a Post Crisis Debrief model.</li> <li>-Once complete, all employees will be trained on new policy and protocols.</li> </ul> <p><b>Monitor:</b></p> <ul style="list-style-type: none"> <li>-Executive Leadership and Envesti Solutions will review supervision and meeting minutes quarterly.</li> <li>-An internal incident monitoring tool will be created and reviewed with leadership quarterly.</li> </ul>	<p>10/7/21</p> <p>1/31/22</p>



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>01/26/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSES VALLEY BROOK I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>245 VALLEY BROOK LANE TROUTMAN, NC 28166</b>
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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)	(X5) COMPLETE DATE
V 367	<p>Continued From page 40</p> <p>that has runaways nearly every day she works ..."</p> <p>Review on 1/20/22 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- There was no incident report regarding the 12/19/21 incident of client #1 and FC #5 running away.</li> </ul> <p>Interview on 1/24/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- She did an incident report for the 12/19/21 incident but did it as a level 1.</li> </ul>	V 367		

# Miracle Houses Inc.

## AWOL Prevention Training

*certifies that*

Michela Cornett

*Participated in 3 hours of training  
October 7, 2021*

■ **Objectives:**

Participants will be able to identify risk factors associated with AWOL behavior. Participants will review the characteristics of youth with run away and will learn to conduct a risk assessment of individual youth dynamics. Participants will identify agency policies and procedures, beginning at intake, which can mitigate a youth's need to runaway. Participants will identify milieu factors which can prevent runaway behavior. Participants will learn how to formulate de-escalation plans for youth at risk of AWOL. Participants will learn how to debrief youth who return from AWOL.

■ **Reviewed Miracle Houses Policy**

*Bonnie Anderson, MS, QP*

Bonnie Anderson, MS, Qualified Professional

*10/7/21*

Date

**Description of Course:** Running away from placement, sometimes referred to as AWOL or elopement, is a significant problem in residential treatment programs and poses critical concerns for treatment providers. Moreover, running away has a negative impact on treatment and exposes the youth to potential harm and victimization while away from care providers. In fact, running away is the single most common reason for premature termination of adolescents from residential treatment programs. Running away has also proven to be one of the most difficult behaviors to deal with because of the variety of factors that influence and drive individual youth to leave care. This workshop will review the most current research findings on runaway behaviors; review risk factors associated with runaway behavior, and provide specific recommendations for the staff interventions and agency policies regarding runaway behaviors.

**Objectives:**

Participants will be able to identify risk factors associated with AWOL behavior.

Participants will review the characteristics of youth with run away and will learn to conduct a risk assessment of individual youth dynamics.

Participants will identify agency policies and procedures, beginning at intake, which can mitigate a youth's need to runaway.

Participants will identify milieu factors which can prevent runaway behavior.

Participants will learn how to formulate de-escalation plans for youth at risk of AWOL.

Participants will learn how to debrief youth who return from AWOL

**Topics Include:**

Literature review and research summaries of runaway behavior.

Pre-treatment and placement interventions.

Programmatic prevention strategies

Interventions for youth at risk of AWOL

Individual interventions for youth at risk of AWOL

# Miracle Houses Inc.

## AWOL Prevention Training

*certifies that*

**Brandon Brown**

*Participated in 3 hours of training  
October 7, 2021*

■ **Objectives:**

Participants will be able to identify risk factors associated with AWOL behavior. Participants will review the characteristics of youth with run away and will learn to conduct a risk assessment of individual youth dynamics. Participants will identify agency policies and procedures, beginning at intake, which can mitigate a youth's need to runaway. Participants will identify milieu factors which can prevent runaway behavior. Participants will learn how to formulate de-escalation plans for youth at risk of AWOL. Participants will learn how to debrief youth who return from AWOL.

■ **Reviewed Miracle Houses Policy**

*Bonnie Anderson, MS, Qualified Professional*  
Bonnie Anderson, MS, Qualified Professional

*10/7/2021*  
Date

## **AWOL Prevention:**

**Description of Course:** Running away from placement, sometimes referred to as AWOL or elopement, is a significant problem in residential treatment programs and poses critical concerns for treatment providers. Moreover, running away has a negative impact on treatment and exposes the youth to potential harm and victimization while away from care providers. In fact, running away is the single most common reason for premature termination of adolescents from residential treatment programs. Running away has also proven to be one of the most difficult behaviors to deal with because of the variety of factors that influence and drive individual youth to leave care. This workshop will review the most current research findings on runaway behaviors; review risk factors associated with runaway behavior, and provide specific recommendations for the staff interventions and agency policies regarding runaway behaviors.

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- Participants will review the characteristics of youth with run away and will learn to conduct a risk assessment of individual youth dynamics.
- Participants will identify agency policies and procedures, beginning at intake, which can mitigate a youth's need to runaway.
- Participants will identify milieu factors which can prevent runaway behavior.
- Participants will learn how to formulate de-escalation plans for youth at risk of AWOL.
- Participants will learn how to debrief youth who return from AWOL

## **Topics Include:**

- Literature review and research summaries of runaway behavior.
- Pre-treatment and placement interventions.
- Programmatic prevention strategies
- Interventions for youth at risk of AWOL
- Individual interventions for youth at risk of AWOL

# Miracle Houses Inc.

## Update AWOL Prevention Training

*certifies that*

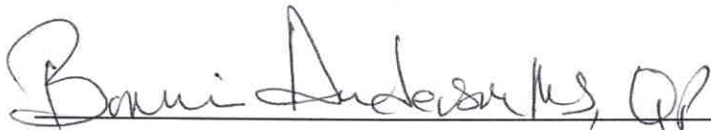
Gary Nelson


*Participated in 3 hours of training  
January 7, 2022*

■ **Objectives:**

Participants will be able to identify risk factors associated with AWOL behavior. Participants will review the characteristics of youth with run away and will learn to conduct a risk assessment of individual youth dynamics. Participants will identify agency policies and procedures, beginning at intake, which can mitigate a youth's need to runaway. Participants will identify milieu factors which can prevent runaway behavior. Participants will learn how to formulate de-escalation plans for youth at risk of AWOL. Participants will learn how to debrief youth who return from AWOL.

■ **Reviewed Miracle Houses Policy**

  
Bonnie Anderson, MS, Qualified Professional

  
Date

# Miracle Houses Inc.

## AWOL Prevention Training

*certifies that*

**Shanairea Camp**

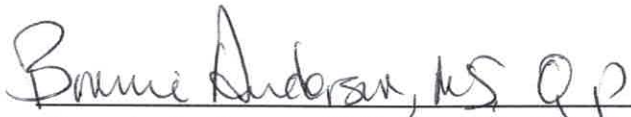
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*Participated in 3 hours of training  
October 7, 2021*

■ **Objectives:**

Participants will be able to identify risk factors associated with AWOL behavior. Participants will review the characteristics of youth with run away and will learn to conduct a risk assessment of individual youth dynamics. Participants will identify agency policies and procedures, beginning at intake, which can mitigate a youth's need to runaway. Participants will identify milieu factors which can prevent runaway behavior. Participants will learn how to formulate de-escalation plans for youth at risk of AWOL. Participants will learn how to debrief youth who return from AWOL.

■ **Reviewed Miracle Houses Policy**

  
\_\_\_\_\_  
Bonnie Anderson, MS, Qualified Professional

  
\_\_\_\_\_  
Date

# Miracle Houses Inc.

## AWOL Prevention Training

*certifies that*

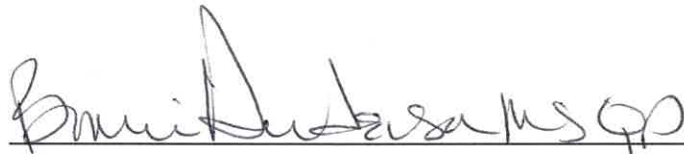
**Katrina Miller**

*Participated in 3 hours of training  
October 7, 2021*

■ **Objectives:**

Participants will be able to identify risk factors associated with AWOL behavior. Participants will review the characteristics of youth with run away and will learn to conduct a risk assessment of individual youth dynamics. Participants will identify agency policies and procedures, beginning at intake, which can mitigate a youth's need to runaway. Participants will identify milieu factors which can prevent runaway behavior. Participants will learn how to formulate de-escalation plans for youth at risk of AWOL. Participants will learn how to debrief youth who return from AWOL.

■ **Reviewed Miracle Houses Policy**

  
\_\_\_\_\_  
Bonnie Anderson, MS, Qualified Professional

*10/7/2021*  
\_\_\_\_\_  
Date



# Miracle Houses Inc.

## AWOL Prevention Training

*certifies that*

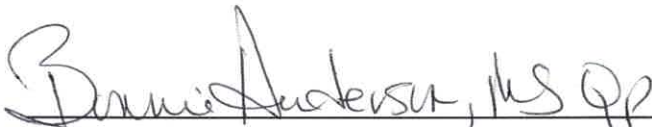
**Brandon Brown**

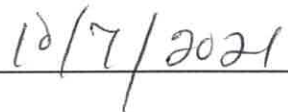
*Participated in 3 hours of training  
October 7, 2021*

■ **Objectives:**

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■ **Reviewed Miracle Houses Policy**

  
\_\_\_\_\_  
Bonnie Anderson, MS, Qualified Professional

  
\_\_\_\_\_  
Date

# Miracle Houses Inc.

## AWOL Prevention Training

*certifies that*

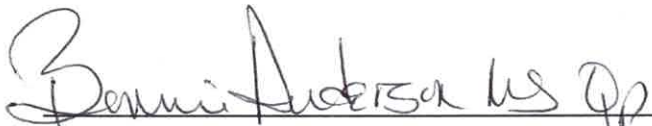
Gary Nelson

*Participated in 3 hours of training  
October 7, 2021*

■ **Objectives:**

Participants will be able to identify risk factors associated with AWOL behavior. Participants will review the characteristics of youth with run away and will learn to conduct a risk assessment of individual youth dynamics. Participants will identify agency policies and procedures, beginning at intake, which can mitigate a youth's need to runaway. Participants will identify milieu factors which can prevent runaway behavior. Participants will learn how to formulate de-escalation plans for youth at risk of AWOL. Participants will learn how to debrief youth who return from AWOL.

■ **Reviewed Miracle Houses Policy**

  
Bonnie Anderson, MS, Qualified Professional

  
Date

# Miracle Houses Inc.

## Update AWOL Prevention Training

*certifies that*


**Michela Cornett**


*Participated in 3 hours of training  
January 7, 2022*

■ **Objectives:**

Participants will be able to identify risk factors associated with AWOL behavior. Participants will review the characteristics of youth with run away and will learn to conduct a risk assessment of individual youth dynamics. Participants will identify agency policies and procedures, beginning at intake, which can mitigate a youth's need to runaway. Participants will identify milieu factors which can prevent runaway behavior. Participants will learn how to formulate de-escalation plans for youth at risk of AWOL. Participants will learn how to debrief youth who return from AWOL.

■ **Reviewed Miracle Houses Policy**

  
Bonnie Anderson, MS, Qualified Professional

  
Date

Name: [REDACTED]

DOB: [REDACTED]

MID#: [REDACTED]

Record #: [REDACTED]



[REDACTED] PERSON-CENTERED PROFILE

<b>Name:</b> [REDACTED]	[REDACTED]	<b>Medicaid ID:</b> [REDACTED]	<b>Record #:</b> [REDACTED]
<b>(Non - CAP-MR/DD Plans ONLY) PCP Completed on:</b> 11/09/2021,12/23/2021,01/14/2022, 2/4/2022		<b>(CAP-MR/DD Plans ONLY) Plan Meeting Date:</b> / / <b>Effective Date:</b> 11/17/2021	

**WHAT PEOPLE LIKE AND ADMIRE ABOUT....**

“I like to have fun”. “I care about my family”. I am good at fixing things with my hand, I want to be a mechanic.”

**WHAT'S IMPORTANT TO....**

“My family especially, my grandmother and my father are important to me”. Returning home to my family is important too”.

**HOW BEST TO SUPPORT....**

“Help me get back home to my family”.

**ADD WHAT'S WORKING / WHAT'S NOT WORKING**

**What's working-** “Talking to people helps”  
**What's not working-** “Not being able to see my family”

Name: [REDACTED]

DOB: [REDACTED]

MID#: [REDACTED]

Record #: [REDACTED]

### ACTION PLAN

The Action Plan should be based on information and recommendations from: **the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/Justifications for Goals information, and any other supporting documentation.**

**Long Range Outcome:** (Ensure that this is an outcome desired by the individual, and not a goal belonging to others).

“Returning home to my family and becoming a mechanic.”

**Where am I now in the process of achieving this outcome?** (Include progress on goals over the past years, as applicable).

Per DSS, client is not currently approved to live in kinship placement with his grandmother. Client reports his physical aggression was solely related to the relationship with his mother and sister and has no concerns about his anger management. Client continues to endorse above mentioned statement.

Overall, [REDACTED] has demonstrated progress toward his treatment since his admissions to Miracle Houses, Inc. [REDACTED] is able to comply with directives, respond well to re-directives with minimum incidents. [REDACTED] have exhibited improvements in appropriately completing his hygiene [REDACTED] can effectively communicate his thoughts and feelings. [REDACTED] can take some accountability for his actions; however, he tends to blame his peers or not being able to speak with his family for engaging in negative behaviors. [REDACTED] recent episode of frustration has led to him being taken to Davis Regional for observation to determine his mental stability following an emotional breakdown resulting in his grandmother and father not taking his calls. Other struggles that [REDACTED] presents is engaging in verbal and physical altercations in addition to engaging in property destruction.

ICD-10/DSM-5 Diagnosis

- F34.81 Disruptive Mood Dysregulation Disorder
- F91.1 Conduct Disorder, Childhood onset type
- F70 Intellectual Development Disability, Mild (per IEP)
- F12.20 Cannabis Use Disorder, Severe

<b>CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:</b> Bedtime Compliance		
<b>WHAT</b> (Short Range Goal)	<b>WHO IS RESPONSIBLE</b>	<b>SERVICE &amp; FREQUENCY</b>

Name: [REDACTED]      DOB: [REDACTED]      MID#: [REDACTED]      Record #: [REDACTED]

<p>[REDACTED] will sleep or stay in his room throughout the night and wear the appropriate sleep attire and refrain from AWOL behaviors as evidenced by the 20-minute room check intervals by Level III Residential Staff.</p>	Resident	Daily
	Guardian/Family	Ongoing
	Miracle House Residential Level III Staff	Residential Level III 24/7/365 1 unit per day
	Family	Therapeutic Leave, 015 days per quarter, up to 45 days per years.
	Miracle House	Medication Management 1 x month or as needed (Level III) <b>(To begin once transition to Level III)</b>

**HOW (Support/Intervention)**  
 Individual  
 Will participate in assessments to help with treatment planning and identification of strengths, triggers, and preferred coping skills. Participate in individual, family (if applicable), and group therapies. Attend and participate in Child and Family Team Meetings. Work with staff on support and safety planning. Participate in academics. Follow basic expectations of the program.

[REDACTED] will listen to music to regain your composure and redirect negative emotions.  
 [REDACTED] will ask to go outside with staff for fresh air to redirect negative thoughts and emotions.  
 [REDACTED] will find tools to assist with working on subjects that relates to mechanical issues to focus on positive activities.  
 [REDACTED] will ask for assistance to write letters to family expressing emotions and thoughts and sending photos to update to his family.  
 [REDACTED] will ask for assistance processing with staff and role-play positive coping skills.  
 [REDACTED] will work on creating with leggo's and clay to express his inner thoughts through artwork

Family/Guardian  
 Will attend and participate in monthly Child and Family Team Meetings and collaborate with the team. Attend family therapy twice per month, or as clinically recommended, and work on treatment goals during phone conversations. Assist student with skills learned during therapeutic leave. Follow recommendations regarding therapeutic passes.

Level III Residential –  
 Will provide weekly and individual group therapy. Provide 24-hour supervision to ensure safety. Provide trauma informed therapeutic and mindfulness practices such as meditation, yoga, creative modalities. Provide recreation and exercise opportunities such use of exercise room/gym. Provide therapeutic daily schedule/routine to reduce arousal levels, and prepare students for transitions. Establish clear rules and expectations of the facility and during academic blocks. Teach and encourage the use of self-regulation skills to increase ability of safely managing triggers and emotions by utilizing coping skills of stop, think, listen and then react, listen to his music, utilize his tool kit set to fix things around the facility, talk with staff and take a walk. Remind student of both positive and negative consequences for actions and how actions affect others. Role model appropriate behavior and provide learning opportunities. Provide positive attention for desired responses. Provide opportunities for education on nutrition. Coordinate medical needs. Monitor throughout sleeping hours to ensure no AWOL behaviors. Facilitate therapeutic leave. Coordinate discharge and aftercare services.

Psychiatrist– Provide psychiatric assessment, psychoeducation, monitor the efficacy and side effects of medications, and consult with guardian/family/team.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
11/16/2022		N	

Name: [REDACTED]      DOB: [REDACTED]      MID#: [REDACTED]      Record #: [REDACTED]

11/16/2022	12/23/2021	O	During this reporting period [REDACTED] has regressed in his progress regarding his ability to reach this goal. [REDACTED] continues to AWOL from the facility and participate in inappropriate behaviors. [REDACTED] refuses to follow the group rules and regulations regarding the safety policy and procedures. [REDACTED] stated he misses his family and will leave the facility whenever he feels like. [REDACTED] struggles with utilizing his coping skills to regain his composure and redirect negative thoughts and emotions.
11/16/2022	01/14/2022	O	During this reporting period [REDACTED] has made minimal progress toward this goal. [REDACTED] continues to display defiant behaviors and refuses to comply with the safety rules and regulations of the group home. [REDACTED] reflected on his struggles with remaining in the facility and asking staff for permission instead of displaying AWOL behaviors. [REDACTED] is challenged by his ability to redirect negative thoughts and emotions and displays risky behaviors in the facility.
11/16/2022	2/04/2022	O	During this reporting period, [REDACTED] has shown progress with this goal. [REDACTED] has worked on improving his thoughts of AWOL behaviors. [REDACTED] has discussed with staff how he felt regarding having a visit with his family. [REDACTED] continues to work on his challenges with reducing risky behaviors while in the facility by using his coping skills. [REDACTED] stated he becomes annoyed and walks out of the facility without permission, but has not left the facility within the past 30 days.
<b>Status Codes:</b> R=Revised      O=Ongoing      A=Achieved      D=Discontinued			

<b>CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:</b> Client will adhere to education setting goal		
<b>WHAT (Short Range Goal)</b>	<b>WHO IS RESPONSIBLE</b>	<b>SERVICE &amp; FREQUENCY</b>
[REDACTED] will engage in the education setting, at least 5 out of 5 days a week to include the following compliance Attending all classes as scheduled - Complete all assignments (school and homework) - Not disrupting the class lecture - Being respectful towards all school officials -Learning and utilizing two "self-monitoring" techniques that she may use to monitor and improve his behaviors -Developing three stop and think skills that he may use to control his behaviors in the school setting. -No ISS or OSS school suspensions	Resident  Guardian/Family  Miracle House Residential Level III Staff  Family	Daily  Ongoing  Residential Level III 24/7/365 1 unit per day  Therapeutic Leave, 015 days per quarter, up to 45 days per years.
	Miracle House	Medication Management 1 x month or as needed (Level III) <b>(To begin once transition to Level III)</b>

Name: [REDACTED]

DOB: [REDACTED]

MID#: [REDACTED]

Record #: [REDACTED]

**HOW (Support/Intervention)**

**Individual**

Will participate in assessments to help with treatment planning and identification of strengths, triggers, and preferred coping skills. Participate in individual, family (if applicable), and group therapies. Attend and participate in Child and Family Team Meetings. Work with staff on support and safety planning. Participate in academics. Follow basic expectations of the program.

- will listen to music to regain your composure and redirect negative emotions.
- will ask to go outside with staff for fresh air to redirect negative thoughts and emotions.
- will find tools to assist with working on subjects that relates to mechanical issues to focus on positive activities.
- will ask for assistance to write letters to family expressing emotions and thoughts and sending photos to update to his family.
- will ask for assistance processing with staff and role-play positive coping skills.
- will work on creating with leggo's and clay to express his inner thoughts through artwork

**Family/Guardian**

Will attend and participate in monthly Child and Family Team Meetings and collaborate with the team. Attend family therapy twice per month, or as clinically recommended, and work on treatment goals during phone conversations. Assist student with skills learned during therapeutic leave. Follow recommendations regarding therapeutic passes.

**Level III Residential –**

Will provide weekly and individual group therapy. Provide 24-hour supervision to ensure safety. Provide trauma informed therapeutic and mindfulness practices such as meditation, yoga, creative modalities. Provide recreation and exercise opportunities such use of exercise room/gym. Provide therapeutic daily schedule/routine to reduce arousal levels, and prepare students for transitions. Establish clear rules and expectations of the facility and during academic blocks. Teach and encourage the use of self-regulation skills to increase ability of safely managing triggers and emotions by utilizing coping skills of stop, think, listen and then react, listen to his music, utilize his tool kit set to fix things around the facility, talk with staff and take a walk. Remind student of both positive and negative consequences for actions and how actions affect others. Role model appropriate behavior and provide learning opportunities. Provide positive attention for desired responses. Provide opportunities for education on nutrition. Coordinate medical needs. Monitor throughout sleeping hours to ensure no AWOL behaviors. Facilitate therapeutic leave. Coordinate discharge and aftercare services.

Psychiatrist– Provide psychiatric assessment, psychoeducation, monitor the efficacy and side effects of medications, and consult with guardian/family/team.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
11/16/2022		N	
11/16/2022	12/23/2021	O	During this reporting period [REDACTED] has shown continued progress in the school environment. [REDACTED] completes his assignments and has participated in all school activities without displaying defiant or aggressive behaviors towards staff and his peers. [REDACTED] has progressed in his ability to read and write and continues to show interest in progressing towards his education. [REDACTED] participates in class assignments and does not cause any disturbances while in class. [REDACTED] expressed his excitement regarding making improvement towards his ability to learn and develop his communication skills at school.
11/16/2022	01/14/2022	O	During this reporting period [REDACTED] continues to sustain steady progress with this goal. [REDACTED] continues to improve in the area of reading, writing and comprehension. [REDACTED] expresses his goal to learn to write poetry and create music. [REDACTED] participates in all class assignments and respects his peers and teachers. [REDACTED] has developed his communication skills while participating in daily school activities.
11/16/2022	2/04/2022	O	During this reporting [REDACTED] has made progress towards this goal. [REDACTED] stated he was upset with his peers more over the past reporting period. [REDACTED] expressed he continues to comply with the expectations of the school; however, he's agitated and annoyed at times when his peers overstep their boundaries. [REDACTED] agreed to incorporate positive coping skills as well as seeking assistance from staff to reduce incidents taking place. [REDACTED] continues to make progress with reading and writing comprehension.

**Status Codes:** R=Revised O=Ongoing A=Achieved D=Discontinued



Name: [REDACTED]

DOB: [REDACTED]

MID#: [REDACTED]

Record #: [REDACTED]

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Compliance		
WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
[REDACTED] will develop age-appropriate coping mechanisms in efforts to improve social interactions AEB decreasing episodes of verbal aggression, physical aggression, property destruction and threats to others, comply with rules and regulation in the Level III setting, manage inappropriate communication with staff and peers, with no more than 2 occurrences a month and no AWOL behaviors for the next consecutive 90 days.	Resident Guardian/Family Miracle House Residential Level III Staff	Daily Ongoing Residential Level III 24/7/365
	Family Miracle House	1 unit per day  Therapeutic Leave, 015 days per quarter, up to 45 days per years.  Medication Management 1 x month or as needed (Level III) <b>(To begin once transition to Level III)</b>
<p><b>HOW (Support/Intervention)</b></p> <p>Individual</p> <p>Will participate in assessments to help with treatment planning and identification of strengths, triggers, and preferred coping skills. Participate in individual, family (if applicable), and group therapies. Attend and participate in Child and Family Team Meetings. Work with staff on support and safety planning. Participate in academics. Follow basic expectations of the program.</p> <p>[REDACTED] will listen to music to regain your composure and redirect negative emotions. [REDACTED] will ask to go outside with staff for fresh air to redirect negative thoughts and emotions. [REDACTED] will find tools to assist with working on subjects that relates to mechanical issues to focus on positive activities. [REDACTED] will ask for assistance to write letters to family expressing emotions and thoughts and sending photos to update to his family. [REDACTED] will ask for assistance processing with staff and role-play positive coping skills. [REDACTED] will work on creating with leggo's and clay to express his inner thoughts through artwork</p> <p>Family/Guardian</p> <p>Will attend and participate in monthly Child and Family Team Meetings and collaborate with the team. Attend family therapy twice per month, or as clinically recommended, and work on treatment goals during phone conversations. Assist student with skills learned during therapeutic leave. Follow recommendations regarding therapeutic passes.</p> <p>Level III Residential –</p> <p>Will provide weekly and individual group therapy. Provide 24-hour supervision to ensure safety. Provide trauma informed therapeutic and mindfulness practices such as meditation, yoga, creative modalities. Provide recreation and exercise opportunities such use of exercise room/gym. Provide therapeutic daily schedule/routine to reduce arousal levels, and prepare students for transitions. Establish clear rules and expectations of the facility and during academic blocks. Teach and encourage the use of self-regulation skills to increase ability of safely managing triggers and emotions by utilizing coping skills of stop, think, listen and then react, listen to his music, utilize his tool kit set to fix things around the facility, talk with staff and take a walk. Remind student of both positive and negative consequences for actions and how actions affect others. Role model appropriate behavior and provide learning opportunities. Provide positive attention for desired responses. Provide opportunities for education on nutrition. Coordinate medical needs. Monitor throughout sleeping hours to ensure no AWOL behaviors. Facilitate therapeutic leave. Coordinate discharge and aftercare services.</p> <p>Psychiatrist– Provide psychiatric assessment, psychoeducation, monitor the efficacy and side effects of medications, and consult with guardian/family/team.</p>		

Name: [REDACTED]

DOB: [REDACTED]

MID#: [REDACTED]

Record #: [REDACTED]

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
11/16/2022		N	
11/16/2022	12/23/2021	O	During erratic and dangerous behaviors that include going AWOL on a regular basis and reportedly smoking random cigarettes that are found on the ground during his AWOL. [REDACTED] is argumentative and verbally aggressive towards staff and his peers. [REDACTED] has attempted to from staff and his peers in the facility. [REDACTED] has regressed towards his ability to implement age-appropriate coping mechanisms in efforts to improve social interactions this reporting period [REDACTED] has regressed towards his goals. [REDACTED] continues to display
11/16/2022	01/14/2022	O	During this reporting period [REDACTED], has regressed towards his goal. [REDACTED] struggles with redirecting his negative thoughts and emotions pertaining to any family-oriented discussion. [REDACTED] continues to become argumentative with staff and refuses to utilize positive coping skills to redirect himself. [REDACTED] continues to experience emotional and behavioral episodes when he feels hopeless, helpless, loneliness, and depression due to a lack of communication with his family [REDACTED] has shown a lack of progress managing appropriate communication with staff and peers, with no more than 2 occurrences a month and no AWOL behaviors.
11/16/2022	02/04/2022	O	During this reporting period, [REDACTED] has shown minimal progress with this goal. Billy struggles with utilizing his coping skills when dealing with peer-to-peer interaction. [REDACTED] struggles with redirecting negative thoughts and emotions when stressing out and arguing with his peers. [REDACTED] needs several prompts redirecting negative thoughts and emotions when he's triggered. [REDACTED] focused on doing his best with learning to work with staff and to role play and model positive coping skills to prevent incidents. [REDACTED] has done well with not going AWOL.
<b>Status Codes:</b> R=Revised O=Ongoing A=Achieved D=Discontinued			

# Miracle Houses Inc.

Facility: Valleybrook I – 245 Valleybrook Emergency Facility  
Date: 01/31/2022  
Time: 1:00 p.m.

Attendees: Mrs. Camp, Executive Director, Tonya Marshall, Master Level QP, Katrina Miller, Master Level QP, Edward Young, Employee Assistance Director/ Client Right Advocate, Gary Nelson, House Manager, Brandon Brown, House Manager, Direct Care Staffs are the following: Dominique Henry, Michela Cornett, Jimmaya McCall Neal, Nyah Sedgwick, Constance Sherlock, and Angela Ashley, Associate Professional

Executive Director, Patsy Camp, Client Right Advocate, Edward Young and Master Level QP Katrina Miller discussed the attached Type A and the Plan of Protection.

Executive Director informed the members of the following New Type A and a Continual Type A for the following reason:

- Rule Violation/Tag#/Citation Level: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) uncorrected Type A1
- Rule Violation/Tag#/Citation Level: \_\_\_10 NCAC 27G.1704 Minimum Staffing Requirements (V296) crossed into 109/uncorrected type A1

New type A1

- Rule Violation/Tag#/Citation Level: \_10A NCAC 27G .0205 Assessment and Treatment/habilitation or Service Plan (V112) crossed into 112/type A1
- Rule Violation /Tag#/Citation Level: 10A NCAC 27G.1701 Scope (V293)/type A1

Standard

- Rule Violation/Tag #/Citation Level: \_11'0A NCAC 27G.0604 Incident reporting Requirement

Executive Director informed the VB1 team the uncorrected Type A was not brought back into compliance due to the following rule not met due to a consumer in the facility:

10 NCAC 27G.1704 Minimum Staffing

(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.

Master Level Miracle Houses read and discussed each violation.

**Incident Reporting/Line of Sight Supervision:**

Executive Director stated that Miracle Houses Inc. will adhere to the rules of NCDHHS and what's in the consumers plan to meet their needs. Client Rights Advocate explained that Miracle Houses, Inc.'s best practice is to provide line is sight supervision at all times. Executive Director informed the team although we had a Level III plus staff in the facility, it was not clearly identified in the group home as 1:1 to [REDACTED]. The plan as stated in the CFT meeting was to have the Level III plus staff to ensure all consumers in the facility were safe. Staff stated that all the QPs that were in the facility did not make up for the 1:1 in the facility. Executive Director explained to the team yes, but they were not identified clearly in the facility. Executive informed the team that Person Centered Plan training will be held in February as well as Person Centered Thinking to ensure that all Miracle Houses, Inc. meets state guidelines and the needs of each individual child in the facility. Executive Director informed the team that Miracle Houses Inc. will continue to discuss each child plan prior to being admitted in the facility and at each meeting to ensure strategies and safety for each consumer. Executive Director informed the team it is imperative for each staff to know their consumers. Executive Director informed the team that after staff finishes familiarizing themselves with the consumers' clinical profile that they should sign off on the sheet in the front of the consumer's profile. Executive Director stated that each staff should continue to familiarize themselves by reading the clinical profile (CCA and PCP) in order that they are able to implement the plan of interaction with each consumer. Miracle Houses Inc Reported for the Overall Company Incidents are reported up by 75% for the 3<sup>rd</sup> Qtr. of 2021 due to AWOL Behaviors. We also reported that incidents are down 90% for the 1<sup>st</sup> month in January 2022 due to discharging the consumers AWOL and utilizing more strategies and incentives. Updated Incident training will be held January 31, 2022.

**AWOL Policy:**

Executive Director read and discussed the AWOL policy with the team. Executive Director informed the team when Miracle Houses cannot maintain line of sight of the consumers on a continuous basis which is a requirement for residential level 3, to minimize learned behavioral occurrences, staff must follow the protocol of reporting the incident. The protocol includes calling the on-call response team, notify the police of consumers AWOL and to contact the consumers guardian. Executive Director continued to explain reminding staff that all AWOL behaviors must be documented. When a consumer displays continuous incidents of AWOL and staff cannot maintain line of sight supervision, it is in the best interest of the consumer and the agency to submit a 10-day health and safety discharge notice as well as a 30-day discharge notice. If the guardian refuses to pick up the consumer, Miracle Houses, Inc. will contact the local DSS to make a report of neglect. It is imperative on all shifts to meet this requirement and document it on the log in and out sheet at the facility.

**Consumer Clinical Profile Review:**

Consumer [REDACTED], Executive Director discussed that Miracle Houses Inc. put in a 10-day safety discharge which was turned down by Vaya Health MCO and a 30-day discharge and thus far no

agency has accepted him. Clinical Director informed the team that [REDACTED] has the diagnosis of Disruptive Mood Dysregulation Disorder, Conduct Disorder; childhood onset, Intellectual Development Disability, mild, and Cannabis Use Disorder. Clinical Director informed the team that [REDACTED] did well for 6 months before going AWOL with a peer. Staff discussed that Consumer [REDACTED] admits that he is a follower and he admits that he hates when he does AWOL afterwards. QP discussed that [REDACTED] also stated that he has a lot of anxiety because he has not heard from his grandmother over 3 months. QP stated that the DSS Worker informed the CFT Team Meeting that Consumer [REDACTED] grandmother is not answering the phone nor answer the letters sent to their home. QP informed the team while Staff was in the meeting informed the team with the permission of the DSS worker staff can take him to his grandmother home to see what was going on. QP informed the team that [REDACTED] eyes lit up and stated "Please I just want to know so I can calm down". QP informed the team that is the reason again why staff took him to Wilks County, 1.5 hours away from the group home and staff stayed that was the best reunion ever for everyone was crying and they did not know him for he has lost a lot of weight. MHI discussed with his team that MHI will continue to seek placement for him for at this time there is no AWOL consumer at the facility and he has done well since [REDACTED] was discharged. The strategies that has been put into place for Consumer [REDACTED] to maintain composure are the following:

- Stop, Think and then React
- Talk with his grandmother
- Utilize coping skills such as listen to music
- Use his tools set
- Exercising
- Self-Soothing Techniques
- Praise frequency

Consumer [REDACTED]: Was also interviewed by clinical team prior to admissions in the Miracle Houses Inc. Consumer [REDACTED] transition from PRTF. Consumer [REDACTED] has AWOL behaviors but has done well in the last placement. Although Consumer [REDACTED] is in DSS Custody, his mother plays a significant part in his treatment and does not want to disappoint his family no longer. Consumer [REDACTED] mother also spoke and stated she believes in him and he will work his program. The following strategies shall be used for him:

- Listening Music
- Speaking with his mother
- Visiting with his mother
- Talking to staff

Consumer [REDACTED]: QP discussed [REDACTED] is a 17-year-old and about to be 18 years old. Prior to admission he was interviewed by staff before accepting him into the program. QP discussed that [REDACTED] informed the team that he wants to graduate and work his program for he knows he does not have anyone but himself when he turns 18-year-old. [REDACTED] Social worker stated that he has done well in his placement and has not displayed any behaviors. Social Worker stated that only reason why he moved for the placement was not level. After speaking with Consumer [REDACTED] Miracle Houses Inc. accepted him in the program. QP stated since [REDACTED] admission he has done well and remained focus on his treatment.

█ struggles with following rules and regulations in the home setting but does not AWOL. █ has a history of AWOL behaviors from home, stealing, manipulation and physical aggression. █ displays attention seeking behaviors however when staff gives several prompts and redirections he tends to get back on track. Staffs states that the strategies utilize with Consumer █ are the following:

- Listening to music
- Talking with his mother
- Take a walk when he becomes upset
- Praise frequency
- Mood Chart
- Utilizing calming strategies
- Assisting him in identifying appropriate ways that works for him. QP reminded staff that he cannot have any electronics.

### **Competencies of Qualified Professionals and Associate Professional (V109) uncorrected Type A1**

Executive Director informed the team, effective January 1<sup>st</sup>, 2022 QPs and APs supervision contracts would be updated for the new year, and regular supervision will be provided to ensure employees have the knowledge, skills, and abilities required to serve the clients in their care. Executive Director stated that Miracle Houses Inc will contract with Envesti Solutions, a company specializing in Child Welfare and Mental Health training to assist Miracle Houses in on-going assessments of progress towards becoming a trauma-responsive agency. Envesti Solutions will offer technical assistance, eLearning modules, and live workshops to build a competency-based training curriculum for QP, AP, and PP employees as required to maintain compliance with accreditation and the minimum competencies requirements expected from all MH/DD/SAS providers. Training program will address the following competencies:

- Technical Knowledge
- Culture Awareness
- Analytical Skills
- Decision Making
- Interpersonal Skills
- Communication Skills and
- Clinical Skills

In collaboration with Envesti Solutions, Miracle Houses Inc, will provide documented ongoing supervision to QPs, APs and PPs, until they have demonstrated the expected competencies for their role. The QPs will be supervised by the Licensed Therapist or Master Level QP. The APs and PPs will be supervised by the QP. At onset, supervision will occur weekly. Frequency of supervision will be evaluated monthly, to determine whether or not it would be appropriate to offer supervision bi-weekly, or monthly. All incoming QPs, APs and PPs hired will follow similar protocols.

Executive Director informed the team that the QPs will attend Person-Centered Plan Training, hosted by Envesti Solutions, scheduled February 9<sup>th</sup>, 2022. The goal of this training will be to

help QPs obtain and/or improve their understanding of how to write and utilize a Person-Centered Plan, specifically related to strengths-based strategies for consumers.

All staff will attend the training, creating a Safe and Therapeutic Milieu, also hosted by Envesti Solutions. This training will highlight the importance of the therapeutic milieu as a critical part of trauma-informed care. Participants will identify setting conditions that increase or decrease challenging behavior or traumatic stress responses in children and young people.

The following documentation is attached:

- Create A Safe, Therapeutic Milieu and
- Person Centered Training
- Updated Supervision Contract(s) and Supervision

Master Level QP will train and reviewed the One Child One Plan with the QPs to ensure that the minutes from the CFTs and documented accordingly and discussed the goals and strategies that are in the plan. If updates are necessary it is recorded on the one child one plan document, as well as reflected on the PCPs accordingly. Master Level QP, informed the QPs that, in collaboration with Envesti Solutions, she will be monitoring the meeting as discussed in the weekly supervisions to ensure all documentations are properly recorded.

Executive Director informed the team that we will continue to provide the quality of care to the consumers by contracting with Envesti Solutions, LLC. Envesti solutions uses an accelerated, agency-driven, performance-based approach to provide technical assistance to aid child welfare organizations in their progress towards becoming trauma-responsive agencies. The collaboration with Envesti Solutions will ensure Miracle Houses has a streamlined and predictable process to monitor and collect, analyze, and use data to make decisions regarding programming, training, daily interaction with children, families, and staff.

## **Contrabands Policy**

QA/QI Committee approved Miracle Houses Inc.'s updated Memorandum of Understanding Policy. The agencies contraband policy is currently under review. Once updated all changes will be communicated and trained to employees. For now, it has been communicated to all employees, any items not approved to be in the house should be secured and out of sight, within the employee's vehicle. Any items that may pose a potential risk to client health or safety should be secured, and out of reach before any consumer enters a vehicle.

Executive Director informed the team that the QA/QI Committee approved the Miracle Houses Inc. updated Memorandum of Understanding Policy stating when staff transport consumers in their vehicle that all personal items must be secured before any consumer enter in their vehicle. Executive Director stated to staff that it is important that staff abide by this policy to ensure that when transporting the consumers, there is no incidents of them taking something out of their vehicle. Executive Director also talked about the contraband policy relating to the facility. Executive Director reminded staff that if there is any suspicion of contraband being brought into the facility, they must conduct a search. When conducting the search, staff must complete the search and seizure form in order that the search is documented.

## **Risk Management**

Executive Director talked about risk management and identifying what risks are currently taking place. Staff talked about the AWOL behaviors have been a risk in the facility however there has been much progress since the discharge of some AWOL consumers. Miracle Houses Inc. will continue to complete a pre-screening to minimum AWOL CONSUMERS. When Miracle Houses Inc does have AWOL consumers Miracle Houses will ensure to meet the needs of consumers by utilizing plan strategies to ensure safety. When cannot maintain consumers in the facility MHI will follow AWOL policy.

## **Trainings**

Executive Director talked about trainings that have been conducted and how well it is going. Master Level QP stated that she continues to see improvements in staff when they are interacting with the consumers. Master Level QP stated that staff is using the strategies that are in the consumers PCP. Executive Director praised staff and Master Level QP for being dedicated to providing quality services by utilizing the strategies located in the PCP. Executive Director stated that trainings will continue to be provided by Envesti Solutions and that they are mandatory.

Meeting Adjourned.



A photograph of two young children, a boy and a girl, sitting at a table and looking at a book together. The boy is on the left, wearing a blue shirt, and the girl is on the right, wearing an orange shirt with a white graphic. They are both smiling and appear to be engaged in reading. The background is a blurred bookshelf. The entire image has a green tint.

# **Envesti Solutions Training Overview**

## About **Investi Solutions**

### **Investi Solutions Mission Statement**

The mission of Investi Solutions is to help people succeed.

### **Investi Solutions Vision Statement**

To be the leading educator of direct service professionals and care workers who are industry-ready practitioners committed to improve the Human Service and create trauma-responsive programming for all humanity.

### **Investi Solutions Philosophy**

We believe care workers, including direct service professionals and foster parents, should be properly trained and equipped with the knowledge, skills, and resources to successfully navigate challenging situations with the clients in their care.

In alignment with Transformative Learning Theory, we believe adults learn best through critical thinking, reflection, and opportunity for feedback. Learners should have the opportunity to connect with experienced practitioners who can both explain and demonstrate skills to fidelity. In addition, we value competency-based education where students will need to demonstrate proficiency in necessary skills through real world application or simulations. Instructor-led training is not a passive learning experience; rather it is the opportunity to facilitate active learning, where the learner can engage with evidence-based theories and concepts and determine practical use. The goal is to develop individuals who are committed to lifelong learning.

## **Our Commitment To Your Success**

Investi Solutions is committed to ensuring every learner is properly educated to support the complex needs of youth and families.

We commit ourselves to both the learners and the agencies within the Child Welfare industry.

## Investi Approach

Investi Solutions uses an accelerated, agency-driven, performance-based training solution that aligns training with the organizations strategic plan. The approach segments and organizes the content of training to ensure the greatest impact on an organization's performance for the least total life cycle costs. It helps to prevent misallocation of resources to training that has little or only peripheral relevance to and impact on the jobs that need to be done.

The process and approach aims at building a total training curriculum with the individual parts that add up to a logical whole within the context of a given job or position. It ensures that all training works together to produce the desired results by providing employees with all the knowledge, skills, and abilities needed to perform.

## Training Topics

We recognize every agency has unique needs. Therefore, the list of trainings below is not exhaustive; it simply provides a starting point for us to support your dynamic expectations. Each topic can be customized to meet the challenges encountered by your agency – and converted into eLearning modules that can be uploaded and accessed by your employees online on your network, or through a Learning Management System (LMS).

### **Building Supervisor Excellence**

Leadership 101: Fundamentals of Leading & Supervising a Team  
Creating a Culture of Accountability  
Gaining Buy-in  
Conflict Management/Resolution Techniques  
Unlocking Employee Passion  
Supporting Employee Development

### **Residential Management**

Managing the Living Unit and its Dynamics  
Therapeutic Crisis Intervention (TCI)  
Supervision of Youth and Family Visitation  
Managing Crisis and Emergencies  
Professionalism and Teamwork  
Building Relationships  
Risk Management & Incident Reporting

### **Accreditation Maintenance**

Investi Solutions has the tools to ensure your agency is prepped and audit ready for:

- Federal & State Standard Changes
- COA
- Joint Commission
- CARF

### **Child Development**

Strengthening Families Protective Factors Framework  
Child Abuse Prevention, including, sexual abuse, STDs, and AIDS  
Supporting Academic Achievement in Children and Youth  
Nurturing Parenting Program

### **Trauma-Specific**

Foundations of Trauma-Responsive Care  
Attachment and other Mental Health issues common in Children and Youth  
Darkness to Light: Stewards of Children  
Building Resilience: Preventing Burnout  
Developmental Problems of Children in Placement  
Human Trafficking & Commercial Sexual Exploitation of Children  
Self-compassion, Attunement, and the Intentional Use of Self

# WE TRAIN TRAINERS TO ENGAGE THEIR LEARNERS **NO MORE BORING TRAINING!**

If you're looking for ideas on how to make your training dynamic and engaging, let us help!

## Investi Reviews

At the end of every training, participants complete training evaluations. When someone evaluates our training, we unabashedly have their evaluations posted live directly on our website. How many trainers give you unedited access to their training evals, in real time?! We do!!

Click here to see real training evaluations: <https://www.envestisolutions.com/reviews/>



# Investi PRICING

### **Notice about pricing**

Investi Solutions is committed to ensuring providers are properly trained and developed in accordance with adult learning principles. Therefore, if an agency is experiencing economic hardship, Investi Solutions will explore fiscally responsible options to support the agencies training needs.

### **Strategic Planning & Consultation Services**

Investi Solutions will work with Program Leadership to conduct Performance Analysis and Situational Need Assessments to identify training gaps, and work to create solutions that work in alignment with agency goals.

\*Pricing varies based on nature of work and services required. Schedule a time to discuss your needs.

## Develop eLearning Modules

The design and development of interactive modules – including storyboarding, graphic design, animation production, functional build development, quality assurance, and project management.

**Starting Rate:** \$150 per hour or \$2,000 per module

## Facilitation of Live Workshops

The prices below serve as a projected estimate for live workshops.

The price of live training is influenced by the Subject Matter Expert (SME), topic, materials including printed handbooks or handouts, travel, number of participants, last minute training requests, delivery online or in-person.

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5 – Day Workshop	\$5,000	Includes materials
3 – Day Workshop	\$2,000	Includes materials
2 – Day Workshop	\$1,250	Includes materials
1 – Day Workshop	\$750	
Half Day Workshop	\$500	
One Hour Training	\$250	

Respond to [clientsupport@investisolutions.com](mailto:clientsupport@investisolutions.com) to submit your training request.



**Main Contact:** Thompson Charles, MA MEd

**Email:** thompson@investisolutions.com

**Phone:** 704.249.9365

**Website:** [www.investisolutions.com](http://www.investisolutions.com)

## References

**Matt Simon, MA, LMFT, NADD-CC**

Chief of Programs

Thompson Child & Family Focus

Cell: 704.771.9582

Email: [msimon@thompsoncff.org](mailto:msimon@thompsoncff.org)

Website: [www.thompsoncff.org](http://www.thompsoncff.org)

Focus Area: Management of Relias Learning Management System. Ongoing training of Residential employees and Foster Care Parents.

**Jesse Tall, BA**

Chief Operating Officer

Anderson Health Services

Cell: 704.975.6118

Email: [jtall@andersonhs.com](mailto:jtall@andersonhs.com)

Website: [www.andersonhs.com](http://www.andersonhs.com)

Focus Area: Support HR function. Establishing a system for onboarding all new hire employees. Create process for recruitment and selection of direct care employees, and Nurses.

**Caroline Vineyard**

Chief Executive Office

GFNF Children's Advocacy Center

Cell: 772.713.0658

Email: [cvineyard@gfnf4kids.org](mailto:cvineyard@gfnf4kids.org)

Website: [www.gfnf4kids.org](http://www.gfnf4kids.org)

Focus Area: Strategic Planning. Development of Training Programs for Community and Law Enforcement

**Louis Boccabella, Jr. J.D.**

Chief Administrative Officer

Hibiscus Children's Center

Phone: 772.299.6011 ext. 204

Email: [lboccabella@hcc4kids.org](mailto:lboccabella@hcc4kids.org)

Website: [www.hibiscuschildrenscenter.org](http://www.hibiscuschildrenscenter.org)

Focus Area: DCF Human Trafficking Training. Program Evaluation and Training Needs Assessment

**Schuyler Siefker**

Executive Director

St. Augustine Youth Services

Phone: 904.829.1770 ext. 311

Email: [schuylers@sayskids.org](mailto:schuylers@sayskids.org)

Website: [www.sayskids.org](http://www.sayskids.org)

Focus Area: DCF Human Trafficking Training. Program Evaluation and Training Needs Assessment



## Creating a Safe, Therapeutic Milieu

<b>Presentation Length</b>	70 minutes
<b>Date</b>	February 2, 2022
<b>Location</b>	Miracle Houses Inc.
<b>Lesson Goal</b>	The goal of this training is to highlight the importance of the therapeutic milieu as a critical part of trauma-informed care.
<b>Objectives</b>	By the end of the training, participants will: <ol style="list-style-type: none"><li>1. Describe a therapeutic milieu</li><li>2. Describe how ideological, cultural, physical, social, and emotional spaces create a therapeutic milieu</li><li>3. Identify setting conditions that increase or decrease challenging behavior or traumatic stress responses in children and young people</li></ol>
<b>Main Points</b>	<ul style="list-style-type: none"><li>○ Our thoughtful awareness and adjustment of various setting conditions gives us the opportunity to prevent potential crisis events and provide a nurturing environment where children and young people can thrive.</li><li>○ Children with high exposure to trauma and adversity should be cared for in a trauma-informed setting.</li><li>○ Within the milieu, we have opportunities to create conditions where crisis can be prevented, and children have the opportunity to thrive.</li><li>○ The outcome of the crisis is greatly influenced by how we handle it. It is our perceptions, attitudes, relationship with the child, and skills that influence how a child responds.</li></ul>
<b>References</b>	<b>The Residential Care Project</b> Family Life Development Center College of Human Ecology Cornell University, Ithaca, NY USA © Family Life Development Center, 2009 TCI, Edition 7, 2020

### The individual listed below has successfully participated in the Creating a Safe, Therapeutic Milieu Training:

Participant Name **Patsy Camp**  
Date **February 2, 2022**

Trainer Signature: 



## Creating a Safe, Therapeutic Milieu

<b>Presentation Length</b>	70 minutes
<b>Date</b>	February 2, 2022
<b>Location</b>	Miracle Houses Inc.
<b>Lesson Goal</b>	The goal of this training is to highlight the importance of the therapeutic milieu as a critical part of trauma-informed care.
<b>Objectives</b>	By the end of the training, participants will: <ol style="list-style-type: none"><li>1. Describe a therapeutic milieu</li><li>2. Describe how ideological, cultural, physical, social, and emotional spaces create a therapeutic milieu</li><li>3. Identify setting conditions that increase or decrease challenging behavior or traumatic stress responses in children and young people</li></ol>
<b>Main Points</b>	<ul style="list-style-type: none"><li>○ Our thoughtful awareness and adjustment of various setting conditions gives us the opportunity to prevent potential crisis events and provide a nurturing environment where children and young people can thrive.</li><li>○ Children with high exposure to trauma and adversity should be cared for in a trauma-informed setting.</li><li>○ Within the milieu, we have opportunities to create conditions where crisis can be prevented, and children have the opportunity to thrive.</li><li>○ The outcome of the crisis is greatly influenced by how we handle it. It is our perceptions, attitudes, relationship with the child, and skills that influence how a child responds.</li></ul>
<b>References</b>	<b>The Residential Care Project</b> Family Life Development Center College of Human Ecology Cornell University, Ithaca, NY USA © Family Life Development Center, 2009 TCI, Edition 7, 2020

### The individual listed below has successfully participated in the Creating a Safe, Therapeutic Milieu Training:

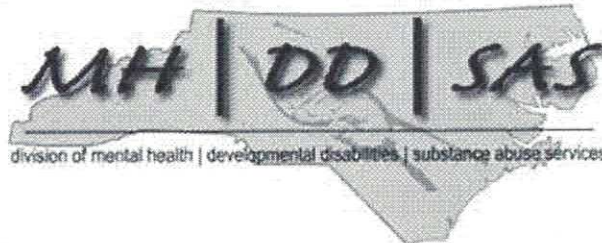
Participant Name **Tonya Marshall**  
Date **February 2, 2022**

Trainer Signature: 



# Miracle Houses, Inc.

North Carolina Division of MH/DD/SAS



“Incident Response and Reporting Training  
is hereby granted to

**Tonya Marshall**

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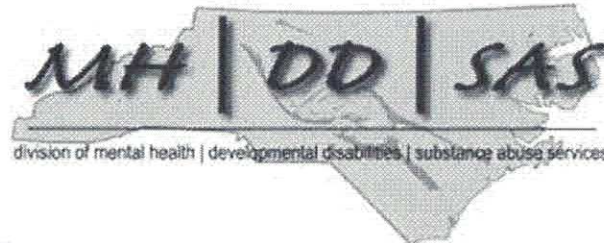
*Completed 4 hours of training  
January 31, 2022*

*This certificate certifies that the employee has received 4 hours of Incident Response and Reporting Training. Staff understands the A. Purpose, B. Who Must Submit the Incident Report, C. What is an Incident, D. Confidentiality, When to File, How to Submit, Documentation of Incidents, Under Your Care, Incident Categories, Consumer Deaths, Injury, Allegations of Abuse, Neglect and Exploitation, Restrictive Interventions, Incidents of Concern to Community or Media Coverage, Medication Errors, Consumer Behavior, Suspension or Expulsion from Services,*

*Training given by Training Consultant:  
Edward Young, 01/31/2022*

# Miracle Houses, Inc.

North Carolina Division of MH/DD/SAS



“Incident Response and Reporting Training  
is hereby granted to

**Trena Forney**

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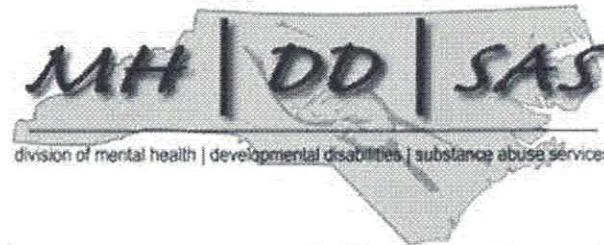
*Completed 4 hours of training*  
**January 31, 2022**

*This certificate certifies that the employee has received 4 hours of Incident Response and Reporting Training. Staff understands the A. Purpose, B. Who Must Submit the Incident Report, C. What is an Incident, D. Confidentiality, When to File, How to Submit, Documentation of Incidents, Under Your Care, Incident Categories, Consumer Deaths, Injury, Allegations of Abuse, Neglect and Exploitation, Restrictive Interventions, Incidents of Concern to Community or Media Coverage, Medication Errors, Consumer Behavior, Suspension or Expulsion from Services,*

*Training given by Training Consultant:  
Edward Young, 01/31/2022*

# Miracle Houses, Inc.

North Carolina Division of MH/DD/SAS



“Incident Response and Reporting Training  
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**Gary George**

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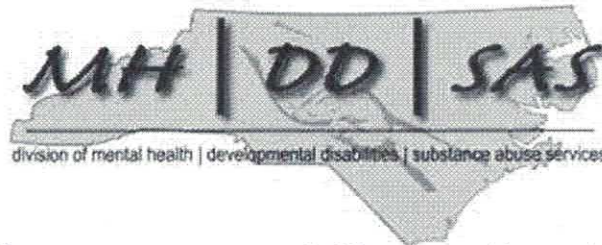
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**Shanairea Camp**

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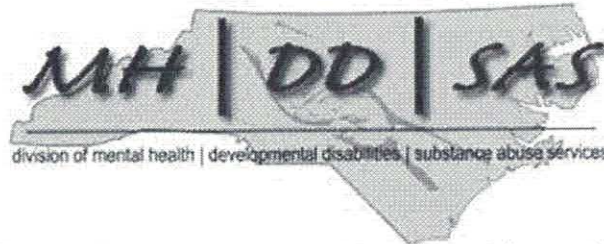
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**Tiffany Carroway**

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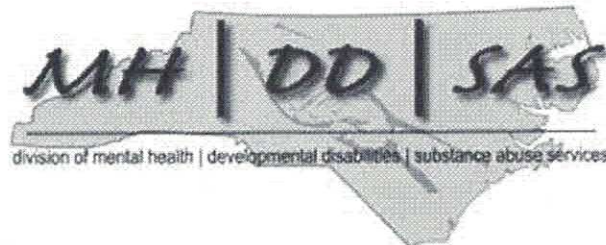
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North Carolina Division of MH/DD/SAS



“Incident Response and Reporting Training  
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**Melissa Love**

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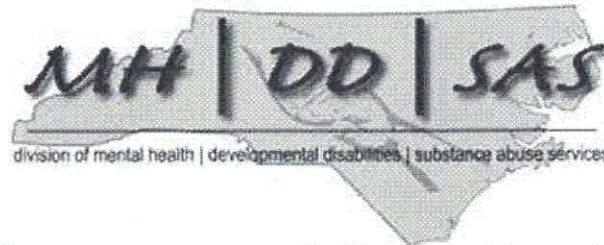
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*Training given by Training Consultant:  
Edward Young, 01/31/2022*

# Miracle Houses, Inc.

North Carolina Division of MH/DD/SAS



“Incident Response and Reporting Training  
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**Patsy Camp**

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*Training given by Training Consultant:  
Edward Young, 01/31/2022*

Opening Prayer—Mr. Young

**Safety and Risk management**

Miracle Houses Inc. has partner with Mr. Antonio for Covid-19 Testing. Miracle Houses Inc. will be testing once a week to be in compliance with County and State guidelines. Mecklenburg County Health Department will be providing the COVID 19 vaccination and the booster shot on Wednesday, February 16, 2022 at 9:00. Clinical Director has the sign in sheet for those who wants the shots.

Miracle Houses continues to work toward providing quality care to our children by reducing high risk reoccurring behaviors, and empowering consumer to utilize the point system along with positive coping technique to decrease incidents. Executive Director reviewed the Level III Service Definition with staff to reiterate the purpose in the population which we serve which are high-risk maladaptive children. Executive Director informed staff that the incident from last month has decreased by 95% from December. Executive urged staff to continue to utilize the point system, utilizing strategies and coping skills to reduce behaviors. Executive Director informed the staff members that the increased trainings and supervision are going well. Master Level QP stated that she sees more therapeutic engagements and trainings being implemented which has a great part in reducing incidents. Executive Director informed staff that the increased trainings and supervision will continue with Envesti Solutions.

Staff stated that the trainings and supervision weekly have been very helpful in beneficial in working with our level of care children. Staff also stated the on-the-job training with Master level QP has been very important for they are in the home and able to show us how to work or deescalate consumers behaviors by utilizing therapeutic tools. Staff clarified that the trainings given to them help increased the ability to understand the guidelines and expectations of the residential level III program. Staff advised Executive director that learning about the consumers PCP is key beneficial in helping staff assists and meet the consumers needs of the population of children we serve. Staff emphasized to Executive Director that reminding consumers of the point system put in place for incentives helped with understanding the process of effective treatment and progression toward targeted goals.

Clinical Team discussed that the punching bags have been an effective tool in order to help assist with reducing physical acts of aggression and property destruction in the facility. Staff stated the punching bags are good tools and they are utilizing to channel their aggressive behaviors when they get upset and cannot utilize other coping mechanisms. Clinical Director informed staff that the consumers utilizing the punching bags has to be supervised at all time. Staff responded by saying they always maintain keen line of sight while consumers are engaging in utilization of the punching bags outside of the facility. Staff also informed Clinical Director that when consumers are using the punching the bag it was imperative, they used heighten awareness tactics in order to assist the consumer with verbalizing themselves and decreasing instances and usage for the punching bag. Clinical Director expressed the significance of the punching bag was not to encourage violent behaviors but it was merely a tactic tool in helping assist with redirections of the aggressive behaviors in a controlled environment. Staff agreed to help consumers with the use of punching bags tools to transition to becoming consciencely aware of learning to verbalize their feelings into words not actions.

Clinical staff asked staff how was the music being received after dinner to calm down the night. Staff stated that its working for the most part but they are requesting other music, but it settle the facility down overall. According to mental health put on Opera music to take a different stance in the music they listen



to may get a different outcome with behaviors. Try different styles of music for therapy, Instrumental, Reggae or Jazz. Keep eyes on your consumers on your shift at all times

### **Consumer Clinical Profile Review:**

**QP informed staff that they are doing a great job ensuring that the consumer get their individual and group therapy weekly.**

Executive Director and staff discussed that have had minimum behaviors in the group home and he has a possible another level III placement we will know something by next Wednesday. As everyone knows Miracle Houses Inc. put in a 10-day safety discharge which was turned down by Vaya Health MCO and a 30-day discharge and thus far no agency has accepted him. Clinical Director informed the team that has the diagnosis of Disruptive Mood Dysregulation Disorder, Conduct Disorder; childhood onset, Intellectual Development Disability, mild, and Cannabis Use Disorder. Clinical Director informed the team that did well for 6 months before going AWOL with a peer. Staff discussed that admits that he is a follower and he admits that he hates when he does AWOL afterwards. is now praising himself he doesn't wait on staff. Staff stated that is very happy that he talks with his grandmother everyday which has minimum his negative behaviors. is earning majority of his points daily, no behavior in school and utilizing his one on one in the facility. The strategies that continue to assist to maintain composure are the following:

- Stop, Think and then React
- Talks with his family
- Utilize coping skills such as listen to music
- Use his tools set
- Exercising
- Self-Soothing Techniques
- Praise frequency
- Punching bag

: Staff stated that is doing well. Staff stated that has his moments but when you continue to process him through his behaviors he tends to listen and calm down after you have utilized all resources. Staff stated that continues will tell you when he is going to have behaviors. QP reviewed his PCP goals and strategies. The following strategies have been implemented in order to help assist :

- Listening Music
- Speaking with his mother
- Visiting with his mother
- Walking around the facility
- Utilizing the punching bag
- Chewing gum
- Taking deep breathes

: QP discussed will be transitioning to the Thrive Assisting Living Program when he turns 18 years old in March. Prior to admission he was interviewed by staff before accepting him into the program. QP discussed that informed his team that he is on point to graduate in

June 2022. ■ still has not spoken with family but remains positive for his DSS worker added his friend to his call list. Staff stated that ■ is complying with the house rules and follow directions from staff and continues to earn his daily points ■ loves to read his books and talk his issues out to staff and that is working for him.

■ continues to struggles with following rules and regulations in the group home and school setting but does not AWOL. ■ has regular visits with his family. Staffs stated that the strategies ■ utilizes to get back on task are the following:

- Listening to music
- Talking with his mother
- Take a walk when he becomes upset around the facility
- Praise frequency
- Mood Chart
- Utilizing calming strategies
- Assisting him in identifying appropriate ways and it works for him. QP reminded staff that he cannot have any electronics.

### **Teachable Moment (Training)**

Clinical Director completed a soothing technique from mindfulness training that occurred the day before with Aps and QPs staff. Clinical Director lead staff through soothing tools. Staff responded in a positive manner to the soothing tools. Clinical Director discussed that all behaviors are survivor tools. Clinical Director listed on the board the following survival tools: stealing, AWOLing, lying, fighting, sexual behaviors etc. Clinical Director discussed FIGHT/ FLIGHT OR FREEZE IS WHAT THEY KNOW when face with theses behaviors. The Fight/Flight or Freeze activates your body's autonomic nervous system, a part of the nervous system that functions without you having to think about it. Five Coping Skills for Overcoming the Fight, Flight or Freeze...

1. What's Happening, Neurologically Speaking: ...
2. Deep Breathing or Belly Breathing. ...
3. Grounding Exercises. ...
4. Guided Imagery or Guided Meditation. ...
5. Self Soothe Through Temperature. ...
6. Practice "RAIN."

Engaging in light physical exercise may help regulate your breathing, reduce your muscle tension, and distract you from the cause of your acute stress. Some options include: Yoga, which may improve your ability to recover after a stressful event<sup>3</sup>.

Our job is to minimize the trauma—we need to stop them from being in a traumatic state

This can be minimized by 70% by connecting the dots with all the trainings that teach empathy, and how to be therapeutic when speaking with the kids

We are still going to have 30% that will manifest a state of trauma

Residual affect—if you know what to do otherwise will continue to have issues

Have the trainings and not connecting the dots /we still have lots of training to do

Each meet should include one experienced staff member at each meet

This company is run 365 days a year and never closes

At the end of the shift consumers should be safe, still in line of sight otherwise in bed, and being supervised at all times.

### **Communication**

Communicate is the Key. Mr. Young reminded the staff of the seven C's are: clarity, correctness, conciseness, courtesy, concreteness, consideration and completeness.

QP reminded staff to utilize the 6 right in given medications. Staff stated the 6 rights. QP reminded staff of the Medication Administration Training for Saturday.

We are dealing with Maladaptive children, we choose to work these positions and have to make sure we are doing the right thing and keeping these kids safe and communicating is the key with staff, social workers, guardian adlitem everyone that is involved in their treatment.

### **Incentive Reminders for the Group Home:**

Please ensure the activity calendar is up in all the group home and in the office.

Friday Night Live is back

YMCA

Library

Level Program

### **Trainings**

The 30/60/90-day sheets need to be completed and turned in so we can see where our Staff is at and what trainings they need to help them be better.

Take a look at the Shift Things to Do List it will help with knowing exactly what needs to be done daily or nightly on shift.

Medication Training on Saturday 02/12/2022 @ 10 am

Supervisions completed by Katrina and Mr. Gary George in the Troutman Area

PCP shows the needs and wants of the child and pulls out the Goals that you write on

The Crisis Plan is the interview of the child and how that child can be helped

Goals come from the CCA

### **Clocking In and Out**

Mrs. Robin and Mrs. Tonya informed the staff members that signing in and clocking in/out has been an ongoing issue. Mrs. Robin stated that it is mandatory that they sign in to get paid for on pay day staff is saying they missing 40 to 50 hours. Mrs. Robin stated many of you are working overtime please sign in and out on each shift. Mrs. Robin stated that if you do not sign in you will be reprimanded and will not receive pay. Mrs. Camp and Mrs. Tonya will continue to check to see who is working and document their time for other reason but it is to also show we are meeting staff ratio. are not responsible for you putting your time in the system. Mrs. Robin informed the staff that they are responsible for your time you work and the only way that will occur is for you to sign in and out. House Managers need to use Attendance sheets to note the reason a staff member is late, or has called out, or is at work earlier than supposed to be.

### **Vehicles**

Safety is first, please continue to check off on the Transportation Form indicating all consumers are buckle in safe, one staff is riding in the back with consumers to ensure safety, clearance around the vehicle and everything is working, safety vehicle check. Take care of the vehicles, Cleanliness of the vehicles

### **Supervision**

QPs stated that the weekly supervision is going well in the group home with the staff. QP stated that the weekly QP supervision is going well. QP stated that QPS and Managers will continue to make unannounced visits in the group home and finding everything doing well.

### **Training**

First Aid /CPR Training on 02/11/2022 @ 11 am  
Medication Training on Saturday, February 12, 2022 at 10 a.m.  
Sexualize Behavioral Training. Wednesday February 16<sup>th</sup> at 10 a.m.  
Monday Mornings Clinical meeting

Executive Director talked about trainings that have been conducted and how well it is going. Master Level QP stated that she continues to see improvements in staff when they are interacting with the consumers. Master Level QP stated that staff is using the strategies that are in the consumers PCP. Executive Director praised staff and Master Level QP for being dedicated to providing quality services by utilizing the strategies located in the PCP. Executive Director informed staff that the Leadership Training was held on January 22, 2022 for all QPs and management staff. Executive Director stated that staff worked together as a group effort to help them become better at their current role and to become better as a leader in the agency. Executive Director stated that just like they (staff) are expected to demonstrate the best customer service to our guardians, our management staff is expected to do the same with them. Executive Director stated that trainings will continue to be provided by Envesti Solutions and that they are mandatory.

### **Incentive**

Staff was encouraged by Executive Director to continue to show up to work on time for all shifts. Staff was provided with awards and work progression incentives in order to help encourage being on time for the shift they are reporting to. Executive Director explained and educated staff who made employee of the month for extreme hard work and dedication to continuing to process with consumers as well as showing up on time and completing all work assignments. Executive Director thanks all staff for their hard work when dealing with consumers we served, and encourage all staff too strive towards making and understanding the populations were serve to the best of their abilities.

Employees of the month was announced:

Closing Prayer –Mr. Young

## Person-Centered Plan Training

<b>Presentation Length</b>	2 Hours
<b>Date</b>	2/9/22
<b>Location</b>	Miracle House, LLC
<b>Lesson Goal</b>	To obtain or to improve upon an understanding of how to write and utilize a Person-Centered Plan (PCP), specifically related to strengths-based strategies for consumers.
<b>Objectives</b>	By the end of the training, participants will: <ol style="list-style-type: none"><li>1. Understand the systemic purpose of a living document.</li><li>2. Be able to refrain from using language related to punishment, loss, and deficiency</li><li>3. Switch to understanding the consumer's strengths and personal goals to replace harmful behaviors with a "new normal" set of behaviors that are more conducive to growth.</li></ol>
<b>Main Points</b>	<ul style="list-style-type: none"><li>○ Humanizing the client</li><li>○ Trauma/dysfunction-created behaviors are "natural" so punishment and loss mostly reinforce the trauma response</li><li>○ Techniques for soothing the nervous system (fight or flight mode) for both consumers and staff so that better and more thought-out decisions can be made/ emotional regulation.</li><li>○ Establishing therapeutic relationships with consumers as an intervention to motivate them towards change and receive the most helpful information from them.</li><li>○ Understand consumer goals: What are they trying to accomplish through this behavior? What positive actions can replace those negative behaviors to meet the same or similar goals?</li><li>○ How to apply this information to the PCP using current consumers as examples.</li></ul>
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### The individual listed below has successfully participated in Person-Centered Plan Training

Participant Name **Bonnie Anderson**  
Date **February 9, 2022**

Trainer Signature: **Eve Coker, PhD, LCMHC**  
Eve Coker, PhD, LCMHC

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Participant Name **Brandon Brown**  
Date **February 9, 2022**

Trainer Signature: **Eve Coker, PhD, LCMHC**  
Eve Coker, PhD, LCMHC

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Date **February 9, 2022**

Trainer Signature: **Eve Coker, PhD, LCMHC**  
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### The individual listed below has successfully participated in Person-Centered Plan Training

Participant Name **Tonya Marshall**  
Date **February 9, 2022**

Trainer Signature: **Eve Coker, PhD, LCMHC**  
Eve Coker, PhD, LCMHC

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Participant Name **Constance Sherlock**  
Date **February 9, 2022**

Trainer Signature: **Eve Coker, PhD, LCMHC**  
Eve Coker, PhD, LCMHC

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<b>Date</b>	2/9/22
<b>Location</b>	Miracle House, LLC
<b>Lesson Goal</b>	To obtain or to improve upon an understanding of how to write and utilize a Person-Centered Plan (PCP), specifically related to strengths-based strategies for consumers.
<b>Objectives</b>	By the end of the training, participants will: <ol style="list-style-type: none"><li>1. Understand the systemic purpose of a living document.</li><li>2. Be able to refrain from using language related to punishment, loss, and deficiency</li><li>3. Switch to understanding the consumer's strengths and personal goals to replace harmful behaviors with a "new normal" set of behaviors that are more conducive to growth.</li></ol>
<b>Main Points</b>	<ul style="list-style-type: none"><li>o Humanizing the client</li><li>o Trauma/dysfunction-created behaviors are "natural" so punishment and loss mostly reinforce the trauma response</li><li>o Techniques for soothing the nervous system (fight or flight mode) for both consumers and staff so that better and more thought-out decisions can be made/ emotional regulation.</li><li>o Establishing therapeutic relationships with consumers as an intervention to motivate them towards change and receive the most helpful information from them.</li><li>o Understand consumer goals: What are they trying to accomplish through this behavior? What positive actions can replace those negative behaviors to meet the same or similar goals?</li><li>o How to apply this information to the PCP using current consumers as examples.</li></ul>
<b>References</b>	<b>NCDHHS – Person-Centered Planning</b> <a href="https://www.ncdhhs.gov/documents/person-centered-planning">https://www.ncdhhs.gov/documents/person-centered-planning</a>

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### The individual listed below has successfully participated in Person-Centered Plan Training

Participant Name **Delores Oates**  
Date **February 9, 2022**

Trainer Signature: **Eve Coker, PhD, LCMHC**  
Eve Coker, PhD, LCMHC

## Person-Centered Plan Training

<b>Presentation Length</b>	2 Hours
<b>Date</b>	2/9/22
<b>Location</b>	Miracle House, LLC
<b>Lesson Goal</b>	To obtain or to improve upon an understanding of how to write and utilize a Person-Centered Plan (PCP), specifically related to strengths-based strategies for consumers.
<b>Objectives</b>	By the end of the training, participants will: <ol style="list-style-type: none"><li>1. Understand the systemic purpose of a living document.</li><li>2. Be able to refrain from using language related to punishment, loss, and deficiency</li><li>3. Switch to understanding the consumer's strengths and personal goals to replace harmful behaviors with a "new normal" set of behaviors that are more conducive to growth.</li></ol>
<b>Main Points</b>	<ul style="list-style-type: none"><li>○ Humanizing the client</li><li>○ Trauma/dysfunction-created behaviors are "natural" so punishment and loss mostly reinforce the trauma response</li><li>○ Techniques for soothing the nervous system (fight or flight mode) for both consumers and staff so that better and more thought-out decisions can be made/ emotional regulation.</li><li>○ Establishing therapeutic relationships with consumers as an intervention to motivate them towards change and receive the most helpful information from them.</li><li>○ Understand consumer goals: What are they trying to accomplish through this behavior? What positive actions can replace those negative behaviors to meet the same or similar goals?</li><li>○ How to apply this information to the PCP using current consumers as examples.</li></ul>
<b>References</b>	<b>NCDHHS – Person-Centered Planning</b> <a href="https://www.ncdhhs.gov/documents/person-centered-planning">https://www.ncdhhs.gov/documents/person-centered-planning</a>

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### The individual listed below has successfully participated in Person-Centered Plan Training

Participant Name **Gloria Jamison**  
Date **February 9, 2022**

Trainer Signature: **Eve Coker, PhD, LCMHC**  
Eve Coker, PhD, LCMHC

## Person-Centered Plan Training

<b>Presentation Length</b>	2 Hours
<b>Date</b>	2/9/22
<b>Location</b>	Miracle House, LLC
<b>Lesson Goal</b>	To obtain or to improve upon an understanding of how to write and utilize a Person-Centered Plan (PCP), specifically related to strengths-based strategies for consumers.
<b>Objectives</b>	By the end of the training, participants will: <ol style="list-style-type: none"><li>1. Understand the systemic purpose of a living document.</li><li>2. Be able to refrain from using language related to punishment, loss, and deficiency</li><li>3. Switch to understanding the consumer's strengths and personal goals to replace harmful behaviors with a "new normal" set of behaviors that are more conducive to growth.</li></ol>
<b>Main Points</b>	<ul style="list-style-type: none"><li>○ Humanizing the client</li><li>○ Trauma/dysfunction-created behaviors are "natural" so punishment and loss mostly reinforce the trauma response</li><li>○ Techniques for soothing the nervous system (fight or flight mode) for both consumers and staff so that better and more thought-out decisions can be made/ emotional regulation.</li><li>○ Establishing therapeutic relationships with consumers as an intervention to motivate them towards change and receive the most helpful information from them.</li><li>○ Understand consumer goals: What are they trying to accomplish through this behavior? What positive actions can replace those negative behaviors to meet the same or similar goals?</li><li>○ How to apply this information to the PCP using current consumers as examples.</li></ul>
<b>References</b>	<b>NCDHHS – Person-Centered Planning</b> <a href="https://www.ncdhhs.gov/documents/person-centered-planning">https://www.ncdhhs.gov/documents/person-centered-planning</a>

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### The individual listed below has successfully participated in Person-Centered Plan Training

Participant Name **Katrina Miller**  
Date **February 9, 2022**

Trainer Signature: **Eve Coker, PhD, LCMHC**  
Eve Coker, PhD, LCMHC

## Person-Centered Plan Training

<b>Presentation Length</b>	2 Hours
<b>Date</b>	2/9/22
<b>Location</b>	Miracle House, LLC
<b>Lesson Goal</b>	To obtain or to improve upon an understanding of how to write and utilize a Person-Centered Plan (PCP), specifically related to strengths-based strategies for consumers.
<b>Objectives</b>	By the end of the training, participants will: <ol style="list-style-type: none"><li>1. Understand the systemic purpose of a living document.</li><li>2. Be able to refrain from using language related to punishment, loss, and deficiency</li><li>3. Switch to understanding the consumer's strengths and personal goals to replace harmful behaviors with a "new normal" set of behaviors that are more conducive to growth.</li></ol>
<b>Main Points</b>	<ul style="list-style-type: none"><li>○ Humanizing the client</li><li>○ Trauma/dysfunction-created behaviors are "natural" so punishment and loss mostly reinforce the trauma response</li><li>○ Techniques for soothing the nervous system (fight or flight mode) for both consumers and staff so that better and more thought-out decisions can be made/ emotional regulation.</li><li>○ Establishing therapeutic relationships with consumers as an intervention to motivate them towards change and receive the most helpful information from them.</li><li>○ Understand consumer goals: What are they trying to accomplish through this behavior? What positive actions can replace those negative behaviors to meet the same or similar goals?</li><li>○ How to apply this information to the PCP using current consumers as examples.</li></ul>
<b>References</b>	<b>NCDHHS – Person-Centered Planning</b> <a href="https://www.ncdhhs.gov/documents/person-centered-planning">https://www.ncdhhs.gov/documents/person-centered-planning</a>

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### The individual listed below has successfully participated in Person-Centered Plan Training

Participant Name **Melissa Love**  
Date **February 9, 2022**

Trainer Signature: **Eve Coker, PhD, LCMHC**  
Eve Coker, PhD, LCMHC

## Person-Centered Plan Training

<b>Presentation Length</b>	2 Hours
<b>Date</b>	2/9/22
<b>Location</b>	Miracle House, LLC
<b>Lesson Goal</b>	To obtain or to improve upon an understanding of how to write and utilize a Person-Centered Plan (PCP), specifically related to strengths-based strategies for consumers.
<b>Objectives</b>	By the end of the training, participants will: <ol style="list-style-type: none"><li>1. Understand the systemic purpose of a living document.</li><li>2. Be able to refrain from using language related to punishment, loss, and deficiency</li><li>3. Switch to understanding the consumer's strengths and personal goals to replace harmful behaviors with a "new normal" set of behaviors that are more conducive to growth.</li></ol>
<b>Main Points</b>	<ul style="list-style-type: none"><li>○ Humanizing the client</li><li>○ Trauma/dysfunction-created behaviors are "natural" so punishment and loss mostly reinforce the trauma response</li><li>○ Techniques for soothing the nervous system (fight or flight mode) for both consumers and staff so that better and more thought-out decisions can be made/ emotional regulation.</li><li>○ Establishing therapeutic relationships with consumers as an intervention to motivate them towards change and receive the most helpful information from them.</li><li>○ Understand consumer goals: What are they trying to accomplish through this behavior? What positive actions can replace those negative behaviors to meet the same or similar goals?</li><li>○ How to apply this information to the PCP using current consumers as examples.</li></ul>
<b>References</b>	<b>NCDHHS – Person-Centered Planning</b> <a href="https://www.ncdhhs.gov/documents/person-centered-planning">https://www.ncdhhs.gov/documents/person-centered-planning</a>

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### The individual listed below has successfully participated in Person-Centered Plan Training

Participant Name **Patsy Camp**  
Date **February 9, 2022**

Trainer Signature: **Eve Coker, PhD, LCMHC**  
Eve Coker, PhD, LCMHC

## Person-Centered Plan Training

<b>Presentation Length</b>	2 Hours
<b>Date</b>	2/9/22
<b>Location</b>	Miracle House, LLC
<b>Lesson Goal</b>	To obtain or to improve upon an understanding of how to write and utilize a Person-Centered Plan (PCP), specifically related to strengths-based strategies for consumers.
<b>Objectives</b>	By the end of the training, participants will: <ol style="list-style-type: none"><li>1. Understand the systemic purpose of a living document.</li><li>2. Be able to refrain from using language related to punishment, loss, and deficiency</li><li>3. Switch to understanding the consumer's strengths and personal goals to replace harmful behaviors with a "new normal" set of behaviors that are more conducive to growth.</li></ol>
<b>Main Points</b>	<ul style="list-style-type: none"><li>○ Humanizing the client</li><li>○ Trauma/dysfunction-created behaviors are "natural" so punishment and loss mostly reinforce the trauma response</li><li>○ Techniques for soothing the nervous system (fight or flight mode) for both consumers and staff so that better and more thought-out decisions can be made/ emotional regulation.</li><li>○ Establishing therapeutic relationships with consumers as an intervention to motivate them towards change and receive the most helpful information from them.</li><li>○ Understand consumer goals: What are they trying to accomplish through this behavior? What positive actions can replace those negative behaviors to meet the same or similar goals?</li><li>○ How to apply this information to the PCP using current consumers as examples.</li></ul>
<b>References</b>	<b>NCDHHS – Person-Centered Planning</b> <a href="https://www.ncdhhs.gov/documents/person-centered-planning">https://www.ncdhhs.gov/documents/person-centered-planning</a>

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### The individual listed below has successfully participated in Person-Centered Plan Training

Participant Name **Ryan Liles**  
Date **February 9, 2022**

Trainer Signature: **Eve Coker, PhD, LCMHC**  
Eve Coker, PhD, LCMHC



## Person-Centered Plan Training

<b>Presentation Length</b>	2 Hours
<b>Date</b>	2/9/22
<b>Location</b>	Miracle House, LLC
<b>Lesson Goal</b>	To obtain or to improve upon an understanding of how to write and utilize a Person-Centered Plan (PCP), specifically related to strengths-based strategies for consumers.
<b>Objectives</b>	By the end of the training, participants will: <ol style="list-style-type: none"><li>1. Understand the systemic purpose of a living document.</li><li>2. Be able to refrain from using language related to punishment, loss, and deficiency</li><li>3. Switch to understanding the consumer's strengths and personal goals to replace harmful behaviors with a "new normal" set of behaviors that are more conducive to growth.</li></ol>
<b>Main Points</b>	<ul style="list-style-type: none"><li>○ Humanizing the client</li><li>○ Trauma/dysfunction-created behaviors are "natural" so punishment and loss mostly reinforce the trauma response</li><li>○ Techniques for soothing the nervous system (fight or flight mode) for both consumers and staff so that better and more thought-out decisions can be made/ emotional regulation.</li><li>○ Establishing therapeutic relationships with consumers as an intervention to motivate them towards change and receive the most helpful information from them.</li><li>○ Understand consumer goals: What are they trying to accomplish through this behavior? What positive actions can replace those negative behaviors to meet the same or similar goals?</li><li>○ How to apply this information to the PCP using current consumers as examples.</li></ul>
<b>References</b>	<b>NCDHHS – Person-Centered Planning</b> <a href="https://www.ncdhhs.gov/documents/person-centered-planning">https://www.ncdhhs.gov/documents/person-centered-planning</a>

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### The individual listed below has successfully participated in Person-Centered Plan Training

Participant Name **Shanairea Camp**  
Date **February 9, 2022**

Trainer Signature: **Eve Coker, PhD, LCMHC**  
Eve Coker, PhD, LCMHC

## Person-Centered Plan Training

<b>Presentation Length</b>	2 Hours
<b>Date</b>	2/9/22
<b>Location</b>	Miracle House, LLC
<b>Lesson Goal</b>	To obtain or to improve upon an understanding of how to write and utilize a Person-Centered Plan (PCP), specifically related to strengths-based strategies for consumers.
<b>Objectives</b>	By the end of the training, participants will: <ol style="list-style-type: none"><li>1. Understand the systemic purpose of a living document.</li><li>2. Be able to refrain from using language related to punishment, loss, and deficiency</li><li>3. Switch to understanding the consumer's strengths and personal goals to replace harmful behaviors with a "new normal" set of behaviors that are more conducive to growth.</li></ol>
<b>Main Points</b>	<ul style="list-style-type: none"><li>○ Humanizing the client</li><li>○ Trauma/dysfunction-created behaviors are "natural" so punishment and loss mostly reinforce the trauma response</li><li>○ Techniques for soothing the nervous system (fight or flight mode) for both consumers and staff so that better and more thought-out decisions can be made/ emotional regulation.</li><li>○ Establishing therapeutic relationships with consumers as an intervention to motivate them towards change and receive the most helpful information from them.</li><li>○ Understand consumer goals: What are they trying to accomplish through this behavior? What positive actions can replace those negative behaviors to meet the same or similar goals?</li><li>○ How to apply this information to the PCP using current consumers as examples.</li></ul>
<b>References</b>	<b>NCDHHS – Person-Centered Planning</b> <a href="https://www.ncdhhs.gov/documents/person-centered-planning">https://www.ncdhhs.gov/documents/person-centered-planning</a>

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### The individual listed below has successfully participated in Person-Centered Plan Training

Participant Name **Tiffany Carraway**  
Date **February 9, 2022**

Trainer Signature: **Eve Coker, PhD, LCMHC**  
Eve Coker, PhD, LCMHC

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/26/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSES VALLEY BROOK I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>245 VALLEY BROOK LANE TROUTMAN, NC 28166</b>
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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)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 1/26/22. The complaint was unsubstantiated (intake #NC00184145). 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> <p>The survey sample consisted of audits of 4 current clients and 2 former clients.</p>	V 000		
V 109	<p><b>27G .0203 Privileging/Training Professionals</b></p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) 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>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for</p>	V 109		

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Atley G. Camp, Executive Director, 2/14/22*

**Supervision Contract**

<b>Supervisee Name</b>	Patsy Y. Camp
<b>Classification</b>	QP
<b>Program Service Area</b>	Adolescent Mental Health
<b>Initial Date of Supervision Contract</b>	Feb. 14, 2022
<b>Supervision Frequency</b>	Weekly
<b>Supervision Duration</b>	One Hour

Supervision contract will be updated annually.

**Supervision Goals:**

1. Develop a conceptual framework for trauma-informed, trauma-responsive practices.
2. Identify opportunities to self-evaluate and improve self-compassion
3. Expand understanding of leadership and leading within the Child Welfare sector
4. Reflect on crisis intervention strategies to support debriefing with employees and clients
5. Determine strategies to create a parallel process and the development of a learning culture

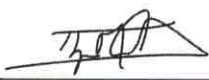
**Acknowledgement.**

I, Patsy Y. Camp agree to fully participate in supervision provided by Envesti Solutions. I understand, at onset, this supervision is weekly, and the frequency will be reevaluated after seven (7) weeks. I understand the nature of supervision is confidential and it is my responsibility to uphold it. I agree to take responsibility for my personal and professional development. I am willing to expand my thinking to align myself with trauma-informed principles and adjust my practice with clients and employees to help create a trauma-responsive agency. I agree to complete all required reading and assignments. Finally, I commit myself to reflective practice and willing to improve my skills as a Helping Professional.

**Signatures:**

Patsy Y. Camp  
\_\_\_\_\_  
Supervisee Signature

Feb 14, 2022  
\_\_\_\_\_  
Date:

  
\_\_\_\_\_  
Thompson Charles, MA MEd

Feb. 14, 2022  
\_\_\_\_\_  
Date:

**Signature:** Patsy Camp  
Patsy Camp (Feb 14, 2022 18:23 EST)

**Email:** pycamp@miraclehouses.org

**Supervision Contract**

<b>Supervisee Name</b>	Tonya Marshall
<b>Classification</b>	QP
<b>Program Service Area</b>	Adolescent Mental Health
<b>Initial Date of Supervision Contract</b>	Feb. 14, 2022
<b>Supervision Frequency</b>	Weekly
<b>Supervision Duration</b>	One Hour

Supervision contract will be updated annually.

**Supervision Goals:**

1. Develop a conceptual framework for trauma-informed, trauma-responsive practices.
2. Identify opportunities to self-evaluate and improve self-compassion
3. Expand understanding of leadership and leading within the Child Welfare sector
4. Reflect on crisis intervention strategies to support debriefing with employees and clients
5. Determine strategies to create a parallel process and the development of a learning culture

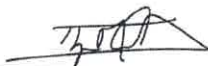
**Acknowledgement.**

I, Tonya Marshall agree to fully participate in supervision provided by Envesti Solutions. I understand, at onset, this supervision is weekly, and the frequency will be reevaluated after seven (7) weeks. I understand the nature of supervision is confidential and it is my responsibility to uphold it. I agree to take responsibility for my personal and professional development. I am willing to expand my thinking to align myself with trauma-informed principles and adjust my practice with clients and employees to help create a trauma-responsive agency. I agree to complete all required reading and assignments. Finally, I commit myself to reflective practice and willing to improve my skills as a Helping Professional.

**Signatures:**

Tonya Marshall

Supervisee Signature



Supervisor Signature


02/14/2022

Date:

Feb. 14, 2022

Date:

Signature:



Tonya Marshall (Feb 14, 2022 18:13 EST)

Email: tmarshall@miraclehouses.org

# Miracle Houses

## Employee Timesheet Work Log (Please keep up with your own time)

### VALLEYBROOK I

Date	Shift	Name	Time-in	Break	Time-Out	Comment
1-26-22	1st	Staff 1: Angela Ashley	6:56		5 pm	
		Staff 2: Kathina Miller	2 pm		11:12 pm	
1-26-22	2nd	Staff 1: Gary George	3:30 pm	—	11:30 PM.	Quick back timesheet online filed.
		Staff 2: Michela Cornett	42:50		11:30 pm	one on one with WW
1-26-22	3rd	Staff 1: <del>Gary Nelson</del>	11:20 P		7:10 AM	
		Staff 2: Gary Nelson	11:00 P		8:15 A	Transport to Pressing
1-27-22	1st	Staff 1: Angela Ashley	6:50	—	5 pm	
		Staff 2: Sonya Marshall	2:00 pm	30 mins	11:00 pm	
1-27-22	2nd	Staff 1: Bobby Brown	2:00 pm	—	#	worked at V82 @
		Staff 2: Michela Cornett	3:00 pm	—	10:36 pm	one on one with WW
1-27-22	2nd	Staff 1: Gary George	3:00 pm	—	11:00 pm	
		Staff 2:				
1-27-22	3rd	Staff 1: Nyah Sedgwick	10:45 pm	—	7:16 AM	
		Staff 2: Gary Nelson	11:00 P	—	8:15 A	Transport to Pressing
1/28/22	2nd	Staff 1: Michela Cornett	3:34 pm	—	12:00 am	one on one w/ WW
		Staff 2: Gary George	3:30 pm		11:30 pm	
1/28/22	3rd	Staff 1: <del>Bobby Brown</del>	2 pm			Stayed for Michela
		Staff 2: Nyah Sedgwick	9:43 pm	-	10:15 AM	3:00 pm
1/28/22	2nd	Staff 1: Michela Cornett	12: am		8:00 am	
		Staff 2: Sonya Marshall	3:00 pm	30 mins	9:45 pm	

# Miracle Houses

## Employee Timesheet Work Log (Please keep up with your own time)

### VALLEYBROOK I

Date	Shift	Name	Time-in	Break	Time-Out	Comment
1/29/22	1 <sup>st</sup> /2 <sup>nd</sup>	Staff 1: Michela Cornett	3 pm		<del>8:30</del>	Assisted w/ww Home visitation
		Staff 2: Gary George	10 am	—	8 pm	
1/29	1/2 <sup>nd</sup>	Staff 1: Bobby Brown	8:00 am	—	8 pm	
		Staff 2:				
1/28	2 <sup>nd</sup>	Staff 1: Bobby Brown	2:00 pm		11:00	
		Staff 2:				
1/28	3 <sup>rd</sup>	Staff 1: Bobby Brown	11:00 pm		8:00 am	
		Staff 2:				
1/29/22	2 <sup>nd</sup> /3 <sup>rd</sup>	Staff 1: Gary Nelson	8:00 PM	—	10:40 AM	NO release Afered from VBZ
		Staff 2: Nyah Sedgwick	8:00 pm	-	10:39 AM	
1/30/22	1 <sup>st</sup> /2 <sup>nd</sup>	Staff 1: Brandon Brown	10:30 AM		8:00 P	Stayed for notes (12:29)
		Staff 2: Patsy Camp	8 AM		10:00 pm	
1/30/22	1 <sup>st</sup> /2 <sup>nd</sup>	Staff 1: Michela Cornett	10:02		9:11	
		Staff 2:				
1/30/22	2 <sup>nd</sup> /3 <sup>rd</sup>	Staff 1: Gary Nelson	8:00 P	—	9:15 A	transported to Pressley copied covers at winchester Per Feb 1st.
		Staff 2: Nyah Sedgwick	9:33 pm	-	7:20 AM	
1-3/22	1 <sup>st</sup> 2 <sup>nd</sup>	Staff 1: Angela Almy	6:30 am		4:35	
		Staff 2: Patsy Camp	2: pm	—	11 pm	
1/31/22	2 <sup>nd</sup>	Staff 1: Michela Cornett	2 pm	—	11 pm	one on one w/ WW
		Staff 2: Gary George	3 pm		11 pm	





# Miracle Houses

## Employee Timesheet Work Log (Please keep up with your own time)

### VALLEYBROOK I

Date	Shift	Name	Time-in	Break	Time-Out	Comment
2/1/22	2nd	Staff 1: michel's Cornett	1:57	—	11:00 pm	one on one w/ Billy forgot to clock in
		Staff 2: Gary George	12 pm		11:00 pm	
2/1/22	2nd	Staff 1: Darius Jones	12 pm	—	11: pm	
		Staff 2:				
2/1/22	3rd	Staff 1: Nyah Sedgwick	11 pm	—	6:31 <sup>AM</sup>	8:20 <sup>AM</sup> transport to Pressing
		Staff 2: Gary Nelson	11p		<del>11:00 pm</del>	
2/2/22	2nd	Staff: Constance Sherlock	3 pm	—	11:10 pm	2/2/22 Gary George approved one on one w/ WW (forgot sign in)
		Staff 2: Jim Mayer M Neal	2:47		11:09 pm	
2/2/22	3rd	Staff 1: Nyah Sedgwick	11 pm	—	7:05 pm	transport to Pressing
		Staff 2: Gary Nelson	11p		8:42	
2/3/22	2nd	Staff 1: Gary George	3:00 PM	—	11:00 PM	Started Shift at office, clocked in at VBI.
		Staff 2: Darius Jones	4 pm		11:06 pm	
2/3/22	2nd	Staff 1: Jonathan Marshall	3:00 pm	30 mins	11:00 pm	1 on 1 w/ WW
	3rd	Staff 2: Constance	11 pm	—	12:00 AM	
2/4/22	2nd	Staff 1: michel's Cornett	2:14 pm	—	11 pm	1 on 1 w/ WW BB
		Staff 2: Gary George	3:30 pm		8:30 pm	
2/4/22	2nd	Staff 1: Brandon Brown	3 pm	—	11 pm	
	3rd	Staff 2: Nyah Sedgwick	8:00 pm		—	
2/4/22	3rd	Staff 1:		—		
		Staff 2: Constance Sherlock	11:15 pm		—	
2/3/22	3rd	Vanessa Allison	11 pm	—	8 am	coverage for G. Nelson

# Miracle Houses

## Employee Timesheet Work Log (Please keep up with your own time)

### VALLEYBROOK I

Date	Shift	Name	Time-in	Break	Time-Out	Comment
1 <sup>st</sup> / 2 <sup>nd</sup>	2/5/22	Staff 1: Michaela Cornett	5:10am		8:00P	B/B. one on one w/ww 8-8 Brandon Brown R/L 2/1/22
		Staff 2: Gary George	7:30 AM	—	8:00 PM	
2 <sup>nd</sup> / 3 <sup>rd</sup>	2/5/22	Staff 1: Nyah Sedgwick	8:00pm	-	8:10 AM	
		Staff 2: Gary Nelson	8:00pm	—	8:00A	
2/6/22	1 <sup>st</sup> / 2 <sup>nd</sup>	Staff 1: Gary George	8:00 AM	—	8:30 PM	one on one
		Staff 2: Michaela Cornett	8:30 AM		8 pm	
2/6/22	2 <sup>nd</sup> / 3 <sup>rd</sup>	Staff 1: Nyah Sedgwick	8:00 pm	30 min	7:13 AM	
		Staff 2: Gary Nelson	8:00	—	8:00A	
2/6/22	1 <sup>st</sup> / 2 <sup>nd</sup>	Staff 1: Janyia M	8:00 AM	30 mins	8:00 PM	
		Staff 2:				
		Staff 1:				
		Staff 2:				
		Staff 1:				
		Staff 2:				
		Staff 1:				
		Staff 2:				
		Staff 1:				
		Staff 2:				

# Miracle Houses

## Employee Timesheet Work Log (Please keep up with your own time)

### VALLEYBROOK I

Date	Shift	Name	Time-in	Break	Time-Out	Comment
2/7/22	2nd	Staff 1: Brandon Brown	3pm	—	11pm	(97)
		Staff 2: Gary George	3:00 PM	—	11pm	
2/7/22	3rd 2nd	Staff 1: Gary Nelson	11:00pm	—	8:00 AM	One on One with Billy (MC)
		Staff 2: Michela Cornett	2:14 pm	—	11 pm	
2/7/22	3rd	Staff 1:				
		Staff 2: Constance Sherak	11pm	—	8:20 am	
2/8/22	2nd	Staff 1: Gary George	3:00 PM	—	11:00 PM	One on One with Billy (MC)
		Staff 2: Michela Cornett	2:56 PM	—	11:00 PM	
2/8/22	2nd	Staff 1: Jimmy McColl Neal	3:00 PM	—	11:00 PM	
		Staff 2:				
2/8/22	3rd	Staff 1: Evany Nelson	11:00p	—	2:30 P	Did appointment w/ W in Constance's Returned to treatment delivered by Ms. Summitt & Bishop
		Staff 2:				
2/8/22	3rd	Staff 1:				
		Staff 2: Constance Sherak	11:00pm	—	8:00 AM	
2/9/22	2nd	Staff 1: Jimmy McColl Neal	2:30 pm	—	11:00 PM	One on One with W
		Staff 2: Brandon Brown	3pm	—	11pm	
2/9/22	2nd	Staff 1: Gary George	3:00 PM	—	11:00 PM	
		Staff 2:				
2/9/22	3rd	Staff 1: Nyah Sedgwick	11:00 pm	—	7:15 AM	Truck pulled to preschool
		Staff 2: Gary Nelson	11:00pm	—	8:44	

# Miracle Houses

## Employee Timesheet Work Log (Please keep up with your own time)

### VALLEYBROOK I

Date	Shift	Name	Time-in	Break	Time-Out	Comment
2/10/22	2nd	Staff 1: Jimmaga M Neal	2:30pm	-	11pm	Brandon Brown (BB) 1 on 1 w/ NW 2/10/22
		Staff 2: Gary George	3pm	-	11pm	
2/10/22	3rd	Staff 1: Niyah Sedgwick	11pm	-	8:34 AM	→ release late
		Staff 2: Gary Nelson	11p	-	12:30 PM	→ transfered to work after
2/11/22	2nd 1st	Staff 1: Michela Cornett	8:34 AM	-	9:37 AM	one on one w/ NW (BB)
		Staff 2: Brandon Brown	8:00 AM	-	11pm	
2/11/22	2nd	Staff 1: Gary George	1pm	-	9 PM	(BB)
		Staff 2: Joniya Marshall	5:00 PM	30 mins	12:00 AM	
2/11/22	2nd/3rd	Staff 1: Niyah Sedgwick	8pm	-	8:48 AM	→ release late
		Staff 2:				
2/11/22	3rd	Staff 1: Constance Shabel	11:30pm	-	8am	
		Staff 2:				
2/12/22	2nd/3rd	Staff 1: Gary Nelson	8:00 PM	-	8:00 AM	
		Staff 2:				
2/12/22	2nd/3rd	Staff 1: Michela Cornett	8am	-	8pm	one on one w/ NW (BB)
		Staff 2: Gary George	8:00 AM	-	8:00 PM	
		Staff 1: Brandon Brown	8am	-	8pm	
		Staff 2:				
2/12/22	2nd/3rd	Staff 1: Niyah Sedgwick	8pm	-	8:00 AM	
		Staff 2:				

# ONE CHILD/ONE PLAN SUMMARY FORM

Plan Date: 2.14.22

Next CFT: (Date) 03.02.22 (Follow Up) (Time)2:30pm

(Location) Miracle House Inc (Virt

Name: [REDACTED]

DOB: [REDACTED]

CFT Coordinator: Melissa Love , Shay Camp, QP

**Life Domain:  
Positives**

**Goal:** Bedtime Compliance

**Strengths/Assets:** Processing with Staff to Reduce AWOL Behaviors

QP reported [REDACTED] has attempted to improve on remaining in the facility and abiding by the group home rules and regulations. QP actively listened to [REDACTED] express his struggles with remaining in the facility when he becomes agitated, annoyed, sad, depressed, dejected or thoughts of feeling unwanted due to a lack of communication with his family. QP actively listened to [REDACTED] share how he desires to be with his family more than anything and becomes emotionally triggered when his peers are communicating with their family members. QP urged [REDACTED] to work on identifying how to strategize alternatives to prevent AWOL behaviors in the facility as well as other settings.

**Strategies:** [REDACTED] identified the following steps as strategies to assist him with preventing AWOL behaviors:

**Listening to Music to regain his composure and redirect negative emotions, going outside with staff for fresh air for a walk to redirect negative behaviors, thoughts and emotions, find tools to assist with working on subjects that relates to mechanical issues and writing letters to family expressing emotions and thoughts and sending updates to his family. Updates in PCP**

**Life Domain:  
Therapy:**

**Goal:** Client will adhere to education setting goal

**Strengths/Assets:** Attend School Regularly and Comply with Expectations in the school setting.

QP listened as [REDACTED] stated he's being triggered at school when his peers at school antagonize him and cause him to become upset. QP addressed [REDACTED] frustration with developing positive coping skills in all settings. QP clarified that overall, [REDACTED] completes his assignments in school and remains on task. [REDACTED] continues to reflect on his issues with being triggered by his peers at time. QP processed with [REDACTED] on what tools he could put in place to reduce incidents from offering in the school setting.

**Strategies:** [REDACTED] stated that he schools he likes to play with clay and leggo's in school. [REDACTED] stated he has built a car, house and garage with leggo's at school. [REDACTED] expressed that he would like to listen to music in school, but it's not permitted. [REDACTED] expressed that he would like to talk to his teacher's that he has established a relationship with to help him calm down.

<b>Life Domain: Behavior:</b>	<b>Goal:</b> Compliance	<b>Strengths/Assets:</b> Abiding by the rules and regulations of the group home to ensure safety and progression within the level III residential treatment program.
<p>QP listened as [REDACTED] stated he has overall made improvements with remaining in compliance; however, he does struggle with smoking in all settings. [REDACTED] expressed his issues with feeling overwhelmed and frustrated with being unable to be around his family and a lack of communication. QP clarified that due to a lack of communication with his family, [REDACTED] tends to make high risk decisions and struggles with redirecting himself. QP urged [REDACTED] to consider making improvements with his ability to comply with the rules and expectations of the group home by incorporating positive coping skills daily. QP listened to [REDACTED] share what strategies would help him with complying and displaying appropriate behaviors in the group home.</p>		
<p><b>Strategies:</b> [REDACTED] expressed his ability to go on therapeutic walks with staff to regain his composure. [REDACTED] agreed to work on his ability to ask for assistance instead of assuming irrational decisions would help him receive the proper support. [REDACTED] understood the importance of working effective communication and speaking with a support staff to redirect negative thoughts and emotions. [REDACTED] shared he loves listening to music, fixing or repairing old mechanical parts or working on creating anything with clay and leggo's.</p>		
<b>Life Domain:</b>	<b>Goal:</b> Stepdown	<b>Strengths/Assets:</b>
<p>[REDACTED] has had no AWOL behaviors in the past 30 days and continue to work on coping skills and use strategies so he can step down. [REDACTED] is looking forward</p>		
<p>[REDACTED]'s team has agreed to keep [REDACTED] at Miracle Houses, Inc. until another level III residential treatment program accepts him. At this time [REDACTED] has made much progress in his treatment. [REDACTED] continues to establish positive peer to peer interactions by being in control of his program. [REDACTED] reflected on his issues to regain his composure when feels alone and emotionally unstable. [REDACTED] agreed to seek assistance from support staff to reduce AWOL behaviors. [REDACTED] expressed his desires to improve on his progress at the level III residential treatment program in order to seek reunification with his family.</p>		

### CFT Attendance Roster

CFT ROLES:	CFT MEMBERS (Print &Initial):	CFT Contact Number(s)	CFT Email Address
Family			
Youth			
QP	Shay Camp		smcamp@miraclehouses.org
Case manager			
House Manager	Melissa Love		melissalove_28@yahoo.com
Natural/Informal Support			
Natural/Informal Support			
Social Services	Sierra Wadell		
Juvenile Justice			
Mental Health Clinician			
Education			
Other	Brandon Brown		
Other			
Other			