

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1060-957	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2022
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NAME OF PROVIDER OR SUPPLIER MIRACLE HOUSES - MONTEITH	STREET ADDRESS, CITY, STATE, ZIP CODE 6421 MONTEITH DRIVE CHARLOTTE, NC 28213
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on June 6, 2022. The complaint was substantiated (NC #00188806). 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>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides 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</p>	V 293	<p>27G. 1701 Residential Tx. Child/Adol - Scope</p> <p>Corrected: Corrective action was taken on Staff #1. They were immediately removed from the schedule and no longer work for the agency. Staff #2 received corrective action which indicated failure to comply with agency policies will result in further disciplinary action including, but not limited to separation of employment.</p> <p>Prevention: Staff will notify House Manager, or on-call supervisor when they need to be relieved. This process will be clarified to all employees as part of their on-boarding.</p> <p>Monitoring: Executive Director will review staffing schedule to ensure proper staffing of shifts. Staffing will be included in the morning meetings to identify if there are any potential issues with coverage.</p>	6.10.22

RECEIVED
By cvhicks at 8:29 am, Jul 27, 2022

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 293	<p>Continued From page 1</p> <p>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> <p> </p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to provide the necessary level of supervision and structure to provide ongoing therapeutic treatment, intensive supervision and interventions within a system of care affecting 3 of 3 clients(Client #1, #2, #3) The finding are:</p> <p> </p> <p>Review on 5/13/22 of client #1's record revealed:</p>	V 293		

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V 293	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Date of admission 7/30/21; - Age 11; - Diagnoses- Attention Deficit Hyperactivity Disorder, Persistent Depressive Disorder, Kleptomania, Post Traumatic Stress Disorder, Oppositional Defiant Disorder. <p>Review on 5/13/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Date of admission 2/22/21; - Age 11; - Diagnoses-Anxiety, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder. <p>Review on 5/13/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Date of admission 3/4/22; - Age 11; - Diagnoses- Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Generalized Anxiety Disorder, Disruptive Mood Dysregulation Disorder, Other Circumstance Related to Child Neglect, "Encounter for men", Other Specified Problems Related to Upbringing. <p>Observations on 5/18/22 at approximately 1:46pm revealed the distance between the facility and the local store:</p> <ul style="list-style-type: none"> -Client #1, client #2 and client #3 traveled around 1.6 miles away from the home. <p>Interview on 5/12/22 with client #1 revealed:</p> <ul style="list-style-type: none"> - Eloped out of the back window of the home(5/5/22); - Staff #1 and Staff #2 "were in the living room writing notes when we left." - "Walked around the city"; - Found at local store by the police around 9:00 a.m. <p>Interview on 5/12/22 with client #2 revealed:</p>	V 293		

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V 293	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Eloped out the bathroom window with client #1 and client #3 (5/5/22); - Staff #1 and Staff #2 were in the home. - "Left the home around 5:30(am) and returned at 6:30(am)." - Staff #1 "was in the home but her stomach was hurting because she is pregnant." - "[House Manager]came to relieve her." - Found at a local store by the police. <p>Interview on 5/12/22 with client #3 revealed:</p> <ul style="list-style-type: none"> - Eloped with client #1 and client #2 (5/5/22); - Doesn't remember if there were 2 staff working when eloped. <p>Interview on 5/11/22 with staff #1 revealed:</p> <ul style="list-style-type: none"> - On 5/5/22, contacted the House Manager to be relieved of shift due to not feeling well; - Client #2 had awakened during the night with behaviors; - Attempted to redirect client #2 so he would not awakened his peers; - Notified staff #2 that client #1, #2 and #3 were awake and needed to be monitored; - Left the home before the House Manager arrived at the home. <p>Interview on 5/11/22 with staff #2 revealed:</p> <ul style="list-style-type: none"> - Client #2 awakened in the middle of the night; - Client #2 convinced client #1 and client #3 to go AWOL with him; - Called the House Manager at 5:00a.m. to let her know the boys ran away; - Wasn't sure how long the boys had been gone; - "[Staff #1] left when [House Manager] was in the drive way of the home." <p>Interview on 6/3/22 with the Department of Social Services Permanency Planning Social Worker</p>	V 293		

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V 293	<p>Continued From page 4</p> <p>revealed:</p> <ul style="list-style-type: none"> - The House Manager and the Qualified Professional would notify her when client #2 eloped; - The House Manager and the QP worked well with client #2; - Felt the House Manager and the QP had done all they could do to help client #2; - Filled out application for client #2 to be placed in a Psychiatric Residential Treatment Facility. <p>Interview on 5/10/22 with the House Manager revealed:</p> <ul style="list-style-type: none"> - Client #2 was the ringleader; - Client #2 woke up in the middle of the night throwing items in client #1 and client #3's bedroom; - Client #2 told clients #1 and #3 to go AWOL; - Staff #2 was at the home alone with the clients; - Staff #2 did not report he was alone with clients; - Staff was supposed to have checked on clients every 15 minutes; - Received a call around 5am stating the clients were AWOL. <p>Review on 6/6/22 of the Plan of Protection dated 6/3/22 written by the Qualified Professional revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Staff will not leave the facility for a personal/emergency situation without being relieved by another staff member to ensure ratio. House manager will continue to schedule two to three staff on every shift and ensure staff is on the shift by checking at their schedule time. Miracle House will ensure that at any time a staff becomes sick on shift, regardless of what time it</p>	V 293		

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V 293	<p>Continued From page 5</p> <p>is, wait for a relief person to arrive.</p> <p>Describe your plans to make sure the above happens. Qualified Professional met with staff and reviewed Staffing Rule Requirements 10A NCAC 27G .1704 to reiterate the scope of the program to ensure all staff understand the ratio. Qualified Professional informed staff when need to call out to follow protocol to ensure not only staff are informed but the on call staff are informed to ensure coverage is met."</p> <p>The facility serves adolescent males ranging in ages from 7-13 years old with diagnoses which include Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Generalized Anxiety Disorder and Disruptive Mood Dysregulation Disorder. Staff #1 wasn't feeling well because of pregnancy. She contacted the House Manager so she could be relieved from her shift and go to local hospital. Client #2 had awakened and was having behaviors. Staff #1 attempted to redirect him so that he would not awakened his peers. Client #1 and client #3 was awaken by client #2. Staff #1 informed staff #2 to supervise clients because they were awake, and she needed to leave. Staff #1 then left the home around 4a.m. Client #1 and client #2 left out of the bathroom window. Client #3 left out of his bedroom window. Staff #2 checked on clients and realized they had eloped. Client #1, client #2 and client #3 traveled around 1.6 miles away from the home. The clients were found behind a store by the local police.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative</p>	V 293		

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V 293	Continued From page 6 penalty of \$2,000 is imposed. If the violation is not corrected with 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 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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 Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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	V 367	27G. 0604 Incident Reporting Requirements Corrected: Corrective action was taken on House Manager. The corrective action indicated failure to comply with agency policies will result in further disciplinary action including, but not limited to separation of employment. Prevention. Incident Reporting has been included as an action item in the morning meeting. This will provide House Managers the opportunity to determine what, if any, incidents have occurred and ensure timely documentation of incidents within IRIS. Monitoring. Clinical Manager will participate in morning meeting and be responsible to ensure all incidents have been properly documented within IRIS.	5.10.22

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V 367	<p>Continued From page 7</p> <p>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 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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all level II incidents to the Local Management Entity/Managed Care Organizations for within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review of North Carolina Incident Response Improvement system (IRIS) on 5/10/22 revealed:</p> <ul style="list-style-type: none"> - Per the House Manager, client #1, client #2, client #3 eloped from the home on 5/5/22 and the local police were contacted; - There was no documentation of an incident report that occurred on 5/5/22 for client #1, client #2 and client #3; - Client #1, client #2, client #3 eloped from the home on 5/5/22. <p>Interview on 5/10/22 and 5/13/22 with the House Manager revealed:</p> <ul style="list-style-type: none"> - "I wasn't feeling well and forgot to put report into IRIS." - " I received a write up for not documenting the 	V 367		

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V 367	Continued From page 9 incident in IRIS."	V 367		
V 738	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to be kept free from rodents. The findings are:</p> <p>Observation on 5/10/22 at approximately 3:00pm revealed: - Over 20 mouse droppings in kitchen drawer beside the refrigerator.</p> <p>Interview on 5/12/22 with client #1 revealed: - Denied he had seen rodents in the home; - Denied mouse droppings in the home.</p> <p>Interview on 5/12/22 with client #2 revealed: - Never seen rodents in the home; - Denied he had seen mouse droppings in the home.</p> <p>Interview on 5/12/22 with client #3 revealed: - Denied any rodents in the home.</p> <p>Interview on 5/11/22 with staff #1 revealed: - Denied knowledge of rodents in the home; - Unaware of mouse droppings in the home.</p>	V 738	<p>27G.0303(d) Pest Control</p> <p>Corrected: Cleaning log has been updated to include checking kitchen drawers.</p> <p>Prevention: House Manager will be responsible for completing weekly observation and identify any issues with cleanliness and sanitation.</p> <p>Monitoring: The Safety Officer will be responsible for completing bi-weekly walk-through of the house to ensure compliance with Healthy and Safety requirements and review checklists.</p>	6.10.22

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V 738	<p>Continued From page 10</p> <p>Interview on 5/11/22 with staff #2 revealed: - Denied rodents in the home.</p> <p>Interview on 5/10/22 with the House Manager revealed: - Unaware of rodents in the home; - Never seen mouse droppings in the kitchen drawer.</p>	V 738		