Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
	IDENTIFICATION NUMBER.	A. BUILDING:				
	mh1060-957			R 08/24/2022		
ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
HOUSES - MONTEITH						
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	CTION SHOULD BE COMPL D THE APPROPRIATE DATE		
INITIAL COMMENTS		{V 000}				
category: 10A NCAC	27G .1700 Residential					
census of 4. The surv	ey sample consisted of					
27G .1704 Residentia Staffing	al Tx. Child/Adol - Min.	V 296				
REQUIREMENTS (a) A qualified profes telephone or page. A	sional shall be available by direct care staff shall be					
required when childre present and awake is (1) two direct c	n or adolescents are as follows: are staff shall be present for					
for five, six, seven or adolescents; and (3) four direct of	eight children or are staff shall be present for					
adolescents. (c) The minimum nur during child or adoles	nber of direct care staff					
(1) two direct c and one shall be awa children or adolescen	ke for one through four					
	ROVIDER OR SUPPLIER HOUSES - MONTEITH SUMMARY ST, (EACH DEFICIENC) REGULATORY OR I INITIAL COMMENTS A follow up survey wa 2022. A deficiency wa 2022. A deficiency wa 2022. A deficiency wa 2022. A deficiency wa This facility is licensed category: 10A NCAC Treatment Staff Secu Adolescents. This facility is licensed census of 4. The surval audits of 4 current clice 27G .1704 Residentia Staffing 10A NCAC 27G .1704 REQUIREMENTS (a) A qualified profess telephone or page. A able to reach the facilit times. (b) The minimum num required when childred present and awake is (1) two direct co one, two, three or fou (2) three direct for five, six, seven or adolescents; and (3) four direct co nine, ten, eleven or tw adolescents. (c) The minimum num during child or adoless follows: (1) two direct co and one shall be awa children or adolescents	IDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:         INUSES - MONTEITH         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         INITIAL COMMENTS         A follow up survey was completed on August 24, 2022. A deficiency was cited.         This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.         This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.         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 onine, ten, eleven or twelve children or adolescents; and         (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents;         (1) two direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.         (2) The minimum number of direct care staff during child or adolescen	PF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         mh1060-957       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE         GOUNTEITH         GOUNTEITH DRIVE CHARLOTTER NONTEITH         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         A follow up survey was completed on August 24, 2022. A deficiency was cited.         This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.         This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.         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.       V 296         (b) The minimum number of direct care staff shall be present for one, two, three or four children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve 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 shall be pr	OP CORRECTION     IDENTIFICATION NUMBER:     A. BUILDING:       mh0860-957     B. WING       ROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       MOUSES - MONTEITH     6421 MONTEITH DRIVE CHARLOTTE, NC 28213       SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MIXE') BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PD PREVIDER'S PLAN OF (RACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT       INITIAL COMMENTS     (V 000)     PREVIDER'S PLAN OF (RACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT       INITIAL COMMENTS     (V 000)       A foliow up survey was completed on August 24, 2022. A deficiency was cited.     D       This facility is licensed for the following service category: 10A NCAC 27G - 1700 Residential Treatment Staff Secure for Children or Adolescents.     V 296       This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.     V 296       27G .1704 Residential Tx. Child/Adol - Min. Staffing     V 296       10A NCAC 27G .1704 MINIMUM STAFFING (a) A qualified professional shall be available by telephone or page. A direct care staff shall be present for one, two, three or four children or adolescents; and (3) four direct care staff shall be present for one, two, three or four children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.       (6) The minimum number of direct care staff shall be present for nine, ten, eleven or twelve children or adolescents; (1) two direct care staff shall be present for fore, six, seven or eight children or a	FCORRECTION       IDENTIFICATION NUMBER:       A BULDING:       COM         ImH080-957       B. WING       00         ROWDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       6421 MONTETH DRIVE         RECOURT OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       00         BLOWDER OR SUPPLIER       SUMMARY STATEMENT OF DEFICIENCIES       ID       PROVIDERS PLAN OF CORRECTION       02ACA CORRECTIVE ACTION ASIALD BE         RECULTORY ON LSC DENTFRYNS INFORMATION)       TAG       PREFIX       PROVIDERS PLAN OF CORRECTION       02ACA CORRECTIVE ACTION ASIALD BE         INITIAL COMMENTS       (V 000)       PREFIX       CAROSE-REFERENCE TO THE APPROCEDENT THE APPROXIMATION         INITIAL COMMENTS       (V 000)       PREFIX       PROVIDERS FLAN OF CORRECTION       02ACA CORRECTIVE ACTION ASIALD BE         INITIAL COMMENTS       (V 000)       A follow up survey was completed on August 24, 2022. A deficiency was cited.       V       200         This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Addeescents.       V       296         This facility is licensed for 4 and currently has at census of 4. The survey sample consisted of audits of 4 current clients.       V       296         10A NCAC 27G. 1704       MINIMUM STAFFING       RECULENCTS       NOA CAC 27G. TO4 MINIMUM STAFFING       RECUL	

## PRINTED: 09/13/2022 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl060-957		(X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SURVEY COMPLETED	
		B. WING	08	R 08/24/2022			
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE	·		
		6421 MO	NTEITH DRIVE				
MRACLE	HOUSES - MONTEITH	CHARLO	DTTE, NC 28213				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE COMPLE D THE APPROPRIATE DATE		
V 296	Continued From page	e 1	V 296				
	<ul> <li>children or adolescent</li> <li>(3) three direct</li> <li>of which two shall be asleep for nine, ten, e adolescents.</li> <li>(d) In addition to the care staff set forth in Rule, more direct car the facility based on the individual needs as signan.</li> <li>(e) Each facility shall supervision of children are away from the facility</li> </ul>	care staff shall be present awake and the third may be eleven or twelve children or minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in the child or adolescent's pecified in the treatment I be responsible for ensuring on or adolescents when they cility in accordance with the individual strengths and					
	facility failed to ensur	as evidenced by: ews and interviews the e minimum staffing ratio of r adolescents. The findings					
	<ul> <li>Admission 2/22/21;</li> <li>Age 11;</li> <li>Diagnoses: Post Tra Oppositional Defiant Bereavement, Other</li> </ul>	f client #1's record revealed: aumatic Stress Disorder, Disorder, Uncomplicated personal History of a, Significant trauma history.					
	Review on 8/23/22 of - Admission 7/26/21; alth Service Regulation	f client #2's record revealed:					

WP1612

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			R
	mhl060-957		B. WING	08	/24/2022	
NAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE		
MIRACLE	HOUSES - MONTEITH		ONTEITH DRIVE OTTE, NC 28213			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE COMPLE D THE APPROPRIATE DATE	
V 296	<ul> <li>96 Continued From page 2</li> <li>- Age 9;</li> <li>- Diagnoses: Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, Conduct Disorder, Childhood Onset.</li> </ul>		V 296			
	- Admission 8/2/22; - Age 8;	f client #4's record revealed: ent Disorder with Mixed ed Mood.				
	revealed: - On 8/23/22, reporte group home to compl - Qualified Profession transported three clie - QP was alone when clients out into the co - The House Manage group home in the mo	nal (QP) was alone when he ents to the office; in he transported the three ommunity for lunch; er normally reported to the				
	client #3 to day treatr - On 8/23/22,dropped home; - Transported clients the office to meet with 8/23/22; - Transported clients the community for lur - The House Manage group home in the mo	vealed: car when the QP dropped off ment on 8/23/22; d staff #1 back off at group (Client #1, #2, #4) alone to h the house manager on (client #1, #2, #4) alone in hch; er normally reported to the				

WP1612