

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060785</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSE 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1418 JULES COURT CHARLOTTE, NC 28226</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on November 16, 2022. The complaints were unsubstantiated (Intake #NC00192628, #NC00193206, #NC00194844). 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 6 and currently has a census of 6. The survey sample consisted of audits of 2 current clients, 1 former client.</p>	V 000		
V 367	<p><b>27G .0604 Incident Reporting Requirements</b></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 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>	V 367		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 367	<p>Continued From page 1</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 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.</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ul 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> </ul> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity/ Managed Care Organization (LME/MCO) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 10/14/22 of client #1's record revealed: - Admission date: 4/30/22 - Age: 16;</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- Diagnoses: Post Traumatic Stress Disorder with Dissociation, Cannabis Use Disorder, moderate, Unspecified Alcohol Related Disorder;</li> <li>- He had eloped from the facility on October 26-31,2022.</li> </ul> <p>Review on 11/3/22 of the IRIS revealed:</p> <ul style="list-style-type: none"> <li>- There was no incident report for client #1's incident on 10/26/22.</li> </ul> <p>Review on 11/9/22 of an electronic IRIS report provided by the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>- The incident of 10/26/22 was submitted into IRIS on 11/3/22.</li> </ul> <p>Interview on 11/3/22 with the Qualified Professional #2 revealed:</p> <ul style="list-style-type: none"> <li>- Returned back to work on 11/3/22;</li> <li>- Someone had documented on the communication board in the office, that the incident report (10/26/22) had already been completed in IRIS.</li> </ul> <p>Interview on 11/9/22 and 11/16/22 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>- The incident was already completed in IRIS;</li> <li>- Qualified Professional #1 was written up for not following up and completing the incident report in IRIS;</li> <li>- Someone had documented on the communication board in the office, that the incident report (10/26/22) had already been completed in IRIS.</li> </ul>	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be</p>	V 736		

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V 736	<p>Continued From page 4</p> <p>maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 11/3/22 at approximately 12:55 pm of the facility revealed:</p> <p>Kitchen-</p> <ul style="list-style-type: none"> <li>- Five blind flats were broken off on the left side of the blind;</li> <li>- Cracks in the flooring and 1 spot peeled back showing sub flooring approximately 5 inches long and 5 inches wide;</li> </ul> <p>Livingroom-</p> <ul style="list-style-type: none"> <li>- Broken plasma television with a cracked screen</li> </ul> <p>-Bedroom #2-</p> <ul style="list-style-type: none"> <li>- Dresser missing 2nd drawer</li> </ul> <p>-Bathroom upstairs in hallway-</p> <ul style="list-style-type: none"> <li>- Approximately 5 different spots with peeled paint on the bathroom door, ranging in size from approximately a dime to 1.5 inches long and 1 inch wide;</li> <li>- Missing towel rack</li> </ul> <p>Interview on 11/3/22 with the House Manager revealed: -"These clients destroy the home just as fast as</p>	V 736		

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V 736	<p>Continued From page 5</p> <p>the repairs are made to the home." -The Executive Director planned to remove the plasma television out of the home.</p> <p>Interview on 11/16/22 with the Executive Director revealed: -"Clients will break the new blinds the day we put them up." - "Work orders are completed to fix the repairs in the home."</p>	V 736		