

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/26/2023
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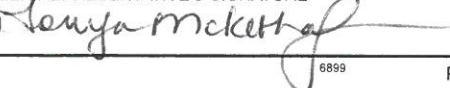
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

MIRACLE HAVEN OF WAGRAM **21701 BUNDY STREET**
WAGRAM, NC 28396

(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	INITIAL COMMENTS An annual and follow up survey was completed on January 26, 2023. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents and 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. No respite clients had been served in the last 6 months.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were held	V 114	Miracle Haven of Wagram will ensure the facility manager to ensure they develop a schedule where fire and disaster drills are held quarterly and repeated on each shift. Miracle Haven of Wagram will ensure the fire and disaster drills are maintained in a notebook in the facility Responsible Party Administrator/Owner QA/QI All Staff QP/AP/PP DHSR - Mental Health FEB 27 2023 Lic. & Cert. Section	2/1/2023

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

Tonya MCKethan 

TITLE

Director/QP

(X6) DATE

16 Feb 2023

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V 114	<p>Continued From page 1</p> <p>quarterly and repeated on each shift. The findings are:</p> <p>Review on 1/25/23 of the facility's record of fire and disaster drills from July 2022 - December 2022 revealed:</p> <ul style="list-style-type: none"> -No fire drills were documented on 2nd or 3rd shifts from July 2022 - September 2022. -No disaster drills were documented on 2nd or 3rd shifts from July 2022 - September 2022. -No disaster drill was documented on 2nd shift from October 2022 - December 2022. <p>Interview on 1/26/23 client #1 stated:</p> <ul style="list-style-type: none"> -Fire and disaster drills were held monthly. <p>Interview on 1/26/23 client #2 stated:</p> <ul style="list-style-type: none"> -Fire and disaster drills were held a couple of times a month. <p>Interview on 1/26/23 client #3 stated:</p> <ul style="list-style-type: none"> -They did fire and disaster drills "a lot." <p>Interview on 1/26/23 the Qualified Professional/Director stated:</p> <ul style="list-style-type: none"> -The shifts at the facility were: 1st - 7am - 3pm, 2nd - 3pm - 11pm and 3rd 11pm - 7am. -The facility had not admitted clients from March 2020 - June 2020. -The first client was admitted to the facility on 6/3/22. -Fire and disaster drills were supposed to be completed monthly. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 118	27G .0209 (C) Medication Requirements	V 118		

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V 118	<p>Continued From page 2</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to administer</p>	V 118	<p>Miracle Haven of Wagram will ensure prescriptions or non-prescriptions drugs are only administered to a client on when written.</p> <p>Miracle Haven Of Wagram will ensure that each client has a Medication Administration Record (MAR) of all drugs administered to each client.</p> <p>Miracle of Haven Wagram will ensure that each client's MAR is kept current.</p> <p>Miracle Haven of Wagram will ensure that each client's request for medication changers of checks are recorded and kept with the MAR fil followed up by appointment or consultation with a physician.</p> <p>Responsible Party Administrator/Owner QA/QI All Staff QP/AP/PP</p>	2/1/2023

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V 118	<p>Continued From page 3</p> <p>medications on the written order of a physician and maintain current MARs affecting three of three audited clients (#1, #2, #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V123). Based on record reviews and interviews, the facility failed to notify the physician or pharmacist immediately of medication errors affecting three of three audited clients (#1, #2, #3).</p> <p>Finding #1 Review on 1/25/23 of client #1's MARs from November 2022 - January 25, 2023 revealed: -Focalin XR 10 mg was not administered on 12/19/22 - 1/16/23. -Desmopressin Acetate 0.2 mg was not administered on 12/20/22, 12/21/22, 1/21/23 - 1/24/23. -Guanfacine HCl ER 2 mg was not administered on 12/20/22, 12/21/22, 1/21/23, 1/22/23. -Trazodone was transcribed as 50 mg at bedtime as needed for sleep on the November 2022 and December 2022 MARs and 50 mg at bedtime on January 2023 MAR. Medication was not administered on 12/20/22, 12/21/22, 1/21/23, 1/22/23. -Aripiprazole 5 mg was not administered on 11/19/22 - 11/30/22, 12/31/22 - 1/24/23. -Escitalopram 10 mg was administered from 11/1/22 until 12/20/22, not administered on 12/21/22 then 5 mg was administered 12/22/22 - 1/20/23 and 10 mg began again 1/21/23.</p> <p>Observation on 1/25/23 between 12pm - 1:15pm of client #1's medications revealed: -Desmopressin Acetate 0.2 mg and Aripiprazole 5 mg were not available for review.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Interview on 1/26/23 client #1 stated: -She was unsure of the names of the medications that she took. -She missed her "blue rectangle pill" nighttime medication for the past 2 months. -She was taking another medication that was 3 pills but now it is 1 pill but she had not had it in 4 or 5 days. -She was unsure why she had not received her medication. -Not having her medication makes her "feel more mad and annoyed by other people."</p> <p>Finding #2 Review on 1/25/23 of client #2's MARs from November 2022 - January 25, 2023 revealed: -Amitriptyline 10 mg was not administered on 11/26/22 - 11/27/22. -Trazodone 50 mg was transcribed as a scheduled dose at bedtime on December 2022 and January 2023 MARs.</p> <p>Interview on 1/26/23 client #2 stated: -She received her medication daily. -She had not missed any medications.</p> <p>Finding #3 Review on 1/25/23 of client #3's MARs from November 2022 - January 25, 2023 revealed: -Aripiprazole was transcribed on November 2022 MAR with no dosage amount and on the December 2022 and January 2023 MARs as 15mg. -Aripiprazole was not administered on 1/4/23, 1/16/23 - 1/24/23. -Melatonin 10 mg was not administered on 11/2/22, 11/3/22.</p> <p>Observation on 1/25/23 between 12pm - 1:15pm of client #3's medications revealed:</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>-Aripiprazole 20 mg was not available onsite for review.</p> <p>Interview on 1/26/23 client #3 stated: -She received her medications daily.</p> <p>Interview on 1/26/23 the local pharmacist stated: -The pharmacy was waiting on safety documentation from the provider for client #1 and client #3's Aripiprazole to bill the medication changes to Medicaid. -The pharmacy had attempted to make contact with the provider but had not been successful. -The out of pocket cost for client #1's Aripiprazole was \$22 and no safety documentation would be needed. -The facility previously paid for client #1's Aripiprazole. -The cost may be different for client #3's Aripiprazole because of the high dosage. -Client #1's Focalin was filled on 11/21/22 and 1/16/23, unsure of why there was a gap in refills.</p> <p>Interview on 1/26/23 staff #2 stated: -The clients always received their medications except client #1. -The group home was waiting on authorization from the doctor for client #1's medications.</p> <p>Interview on 1/25/23 and 1/26/23 the Group Home Manager stated: -Client #1 and client #3's Aripiprazole was not available onsite for review. -Client #1's Desmopressin was not available onsite for review. -Client #1 and client #3's Aripiprazole was waiting on authorization from the provider. -The facility previously paid for client #1's Aripiprazole. -Client #1's Desmopressin needed a new</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>physician order.</p> <ul style="list-style-type: none"> -Client #2's Trazodone was ordered as needed however client #2 requested it daily. -She was responsible for creating the MARs monthly. -She realized the transcription errors on the MARs during survey. -The facility was not able to order medications until they were almost out. <p>Interview on 1/26/23 the Qualified Professional/Director stated:</p> <ul style="list-style-type: none"> -She planned to revise the MAR form to reduce the risk of medication errors. -The medical provider the facility was using was contracted with too many places and the local management entity requested he stop. -The facility had a new medical provider at their office on Fridays write prescriptions but they were waiting on Medicaid authorization. -She learned during the survey the pharmacy had called and sent request to their office for the provider to provide authorization however, the office staff failed to inform her. -The office staff also informed the pharmacy the provider was unavailable if it was not a Friday. <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the Physician.</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>Review on 1/26/23 of the Plan of Protection dated 1/26/23 and completed by the Qualified Professional/Director revealed:</p> <ul style="list-style-type: none"> -"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? We will 	V 118		

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V 118	<p>Continued From page 7</p> <p>immediately proceed to the pharmacy and purchase the medication for the clients that have gone without. This will happen on 27 January 2023 at 9:00am by [Qualified Professional/Director] and/or [Group Home Manager]. As far as medication error we will document all errors in a timely manner; as soon as they occur i.e. incident reporting (level 1 and level 2) We also contact the provider (all parties) to make them aware of the error."</p> <p>"Describe your plans to make sure the above happens. In the future, we plan to as stated document errors and make aware all parties involved. Also, if it looks as if the could possibly be an error such as this one, we will pay at cost of the medication and mostly likely no worried about reimbursement. We will order the medications at least 5 days earlier to prevent an other errors."</p> <p>The facility served adolescents whose diagnoses include Unspecified Disruptive Impulse Control and Related Disorder, Unspecified Depressive Disorder, Disruptive Mood Dysregulation Disorder, Conduct Disorder and Attention Deficit Hyperactivity Disorder (ADHD). Client #1 was prescribed Focalin XR 10 mg for ADHD and it was not administered from 12/19/22 - 1/16/23, resulting in her missing a total of 28 consecutive days of medication. Desmopressin Acetate for bedwetting was not administered for 5 days and was not available onsite during survey (1/25/23). Client #1's Aripiprazole medication used for anxiety was not administered for 12 days during November 2022. The same medication had also not been administered since 12/31/2022 and was not available onsite during survey which resulted in missed medication for 26 days. Client #3's Aripiprazole medication had not been administered since January 16 and was not available onsite during survey which resulted in</p>	V 118		

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V 118	Continued From page 8 missed medication for 9 days. There was no documentation by the facility of their immediate reporting to the physician or pharmacist of medication errors. The facility did not request refills timely to ensure client #1, client #2 and client #3's medications were available for administration. There were discrepancies with the transcriptions on the MARs and the written physician orders for client #1, client #2 and client #3. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 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 118		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. This Rule is not met as evidenced by:	V 123	Miracle Haven of Wagram will immediately purchase and medication that is prescribed if there is a problem with getting it authorized a the pharmacy at cost to ensure clients aren't out of medications that are prescribed. Miracle Haven of Wagram will notify every entity to make aware of the situation at and completing an incident report and updating in IRIS system. Responsible Party: Admisitrator/Owner QP/AP All Staff AP/PP	1/26/2023

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V 123	<p>Continued From page 9</p> <p>Based on record reviews and interviews, the facility failed to notify the physician or pharmacist immediately of medication errors affecting three of three audited clients (#1, #2, #3). The findings are:</p> <p>Finding #1 Review on 1/25/23 of client #1's record revealed: -12 year old female. -Admitted on 8/16/22. -Diagnoses of Unspecified Disruptive, Impulse Control and Related Disorder, Unspecified Depressive Disorder and Attention Deficit Hyperactivity Disorder (ADHD) combined presentation. -No documentation the physician or pharmacist was notified immediately of the medication error for client #1.</p> <p>Review on 1/25/23 and 1/26/23 of client #1's signed physician orders dated 10/7/22 revealed: -Focalin XR 10 milligram (mg) daily (ADHD). -Desmopressin Acetate 0.2 mg at bedtime (bedwetting). -Guanfacine Hydrochloride (HCL) Extended Release (ER) 2 mg at bedtime (ADHD). -Trazodone 100 mg at bedtime as needed for insomnia then 11/18/22 increase to routine medication at bedtime. -Aripiprazole 5 mg at bedtime (Anxiety). -Escitalopram 10 mg daily; order 11/18/22 5mg 3 tablets daily; order 1/6/23 - 10 mg daily for Major Depressive Disorder</p> <p>Review on 1/25/23 of client #1's Medication Administration Record's (MAR) from November 2022 - January 25, 2023 revealed: -Focalin XR 10 milligram (mg) was not administered on 12/19/22 - 1/16/23. -Desmopressin Acetate 0.2 mg was not</p>	V 123		

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V 123	<p>Continued From page 10</p> <p>administered on 12/20/22, 12/21/22, 1/21/23 - 1/24/23.</p> <p>-Guanfacine Hydrochloride Extended Release 2 mg was not administered on 12/20/22, 12/21/22, 1/21/23, 1/22/23.</p> <p>-Trazodone was transcribed as 50 mg at bedtime as needed for sleep on November 2022 and December 2022 MARs and 50 mg at bedtime on January 2023 MAR. Medication was not administered on 12/20/22, 12/21/22, 1/21/23, 1/22/23.</p> <p>-Aripiprazole 5 mg was not administered on 11/19/22 - 11/30/22, 12/31/22 - 1/24/23.</p> <p>-Escitalopram 10 mg was administered until 12/20/22, not administered on 12/21/22 then 5 mg was administered 12/22/22 - 1/20/23 and 10 mg began again 1/21/23.</p> <p>Finding #2 Review on 1/25/23 of client #2's record revealed: -15 year old female. -Admitted on 8/22/22. -Diagnosis of Conduct Disorder. -No documentation the physician or pharmacist was notified immediately of the medication error for client #2.</p> <p>Review on 1/25/23 of client #2's signed physician order revealed: -9/27/22: Amitriptyline 10 mg at bedtime (Mood). -10/7/22: Trazodone HCL 50 mg at bedtime as needed for sleep.</p> <p>Review on 1/25/23 of client #2's MARs from November 2022 - January 25, 2023 revealed: -Amitriptyline 10 mg was not administered on 11/26/22 - 11/27/22.</p> <p>Finding #3 Review on 1/25/23 of client #3's record revealed:</p>	V 123		

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V 123	<p>Continued From page 11</p> <ul style="list-style-type: none"> -11 year old female. -Admitted on 8/10/22. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder Childhood Onset Type and ADHD combined presentation. -No documentation the physician or pharmacist was notified immediately of the medication error for client #3. <p>Review on 1/25/23 of client #3's signed physician orders dated 10/7/22 revealed:</p> <ul style="list-style-type: none"> -Aripiprazole 15 mg at bedtime increased 11/4/22 20 mg. -Melatonin 10 mg at bedtime (Sleep). <p>Review on 1/25/23 of client #3's MARs from November 2022 - January 25, 2023 revealed:</p> <ul style="list-style-type: none"> -Aripiprazole was not administered on 1/4/23, 1/16/23 - 1/24/23. -Melatonin 10 mg was not administered on 11/2/22 and 11/3/22. <p>Interview on 1/26/23 the Group Home Manager stated:</p> <ul style="list-style-type: none"> -She contacted the pharmacy and doctor daily for client #1 and client #3's medication refills. -The Licensee switched doctors around November 2022. -She does not have documentation of her notifications to the physician or pharmacist. <p>Interview on 1/26/23 the Qualified Professional/Director stated:</p> <ul style="list-style-type: none"> -There was no documentation of the medication errors. <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 123		

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NAME OF PROVIDER OR SUPPLIER MIRACLE HAVEN OF WAGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 21701 BUNDY STREET WAGRAM, NC 28396
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V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p>	V 364	<p>Miracle Haven of Wagram will ensure that each client may keep and use personal clothing possessions under appropriate supervision.</p> <p>Miracle Haven of Wagram will ensure clients may be enable to keep age appropriate supervision (i.e. make-up, phone calls, mail exchange, MVP player</p> <p>Responsible Party: Administrator/Owner QA/QI All Staff QP/AP/PP Clients Rights Committee</p>	2/1/2023

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V 364	<p>Continued From page 13</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided</p>	V 364		

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V 364	<p>Continued From page 14</p> <p>opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p>	V 364		

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V 364	<p>Continued From page 15</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written</p>	V 364		

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V 364	<p>Continued From page 16</p> <p>statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility restricted the rights of three of three audited clients (#1, #2, #3) by restricting their ability to make and receive telephone calls. The findings are:</p> <p>Finding #1 Review on 1/25/23 of client #1's record revealed: -12 year old female. -Admitted on 8/16/22. -Diagnoses of Unspecified Disruptive, Impulse Control and Related Disorder, Unspecified Depressive Disorder and Attention Deficit Hyperactivity Disorder (ADHD) combined presentation. -No documentation of authorization for the restriction to make and receive calls.</p>	V 364		

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V 364	<p>Continued From page 17</p> <p>Interview on 1/26/23 client #1 stated: -They were allowed to use the phone every Tuesday and Thursday from 6pm - 8am. -They were only allowed two calls. -They could not make calls any other day.</p> <p>Finding #2 Review on 1/25/23 of client #2's record revealed: -15 year old female. -Admitted on 8/22/22. -Diagnosis of Conduct Disorder. -No documentation of authorization for the restriction to make and receive calls.</p> <p>Interview on 1/26/23 client #2 stated: -They were allowed to use the phone on Tuesdays and Thursdays between 6pm - 8pm.</p> <p>Finding #3 Review on 1/25/23 of client #3's record revealed: -11 year old female. -Admitted on 8/10/22. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder Childhood Onset Type and ADHD combined presentation. -No documentation of authorization for the restriction to make and receive calls.</p> <p>Interview on 1/26/23 client #3 stated: -They were allowed to use the phone on Tuesdays and Thursdays.</p> <p>Interview on 1/26/23 the Qualified Professional/Director stated: -Clients were allowed to make calls every Tuesday and Thursday. -Clients are allowed to receive calls anytime but they can only make calls on Tuesday and Thursday. -It had always been their policy.</p>	V 364		

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V 364	Continued From page 18 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 364		
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 day whenever: (1) the provider has reason to believe that	V 367	Miracle Haven of Wagram will ensure quarterly incident report are submitted as required to the LME/MCO for the catchment area where services are provided Miracle Haven of Wagram will ensure that quarterly incident report are submitted on the required for via email as required by the LME/MCO unless the quarterly incidents reports are not required due to a waiver. Responsible Party QA/QI QP/AP Clients Right Committee	2/1/2023

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V 367	<p>Continued From page 19</p> <p>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 the possession of a client;</p> <p>(5) the total number of level II and level III</p>	V 367		

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V 367	<p>Continued From page 20</p> <p>incidents that occurred; and (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 reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity/Managed Care Organization (LME/MCO) as required. The findings are:</p> <p>Review on 1/25/23 of client #1's record revealed: -12 year old female. -Admitted on 8/16/22. -Diagnoses of Unspecified Disruptive, Impulse Control and Related Disorder, Unspecified Depressive Disorder and Attention Deficit Hyperactivity Disorder (ADHD) combined presentation.</p> <p>Review on 1/25/23 of the facility's records revealed no incident reports November 2022 - January 25, 2022.</p> <p>Review on 1/25/23 of the North Carolina Incident Response Improvement System (IRIS) for November 2022- January 25, 2022 revealed no level II incident reports submitted by the facility.</p>	V 367		

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V 367	<p>Continued From page 21</p> <p>Interview on 1/26/23 client #1 stated: -Law enforcement (LE) responded to the facility 2 or 3 times for her "acting out." -Emergency Medical Services (EMS) responded when she had suicidal thoughts. -She does not remember the dates when LE or EMS responded to the facility. -She was hospitalized in November 2022 for suicidal thoughts.</p> <p>Interview on 1/25/23 and 1/26/23 the Group Home Management stated: -LE responded to the facility to transport client #1 to the hospital to be involuntarily committed. -She went to the magistrate's office to file paperwork for an involuntary commitment on November 11, 2022. -Client #1 threatened to harm herself and others. -If it was not an emergency, staff filed involuntary commitment paperwork on clients and LE transported the clients to the hospital.</p> <p>Interview on 1/26/23 the Qualified Professional stated: -If a client needed to be involuntarily committed the facility filed paperwork for commitment with the local magistrate office. -The facility was short staff and once a client is involuntarily committed staff were not required to stay at the hospital. -There were no incident reports for the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		
V 503	<p>27D .0103 Client Rights - Search And Seizure Policy</p> <p>10A NCAC 27D .0103 SEARCH AND</p>	V 503		

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V 503	<p>Continued From page 22</p> <p>SEIZURE POLICY</p> <p>(a) Each client shall be free from unwarranted invasion of privacy.</p> <p>(b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client.</p> <p>(c) Every search or seizure shall be documented. Documentation shall include:</p> <ol style="list-style-type: none"> (1) scope of search; (2) reason for search; (3) procedures followed in the search; (4) a description of any property seized; <p>and</p> <ol style="list-style-type: none"> (5) an account of the disposition of seized property. <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure every search and seizure was documented as required. The findings are:</p> <p>Finding #1 Review on 1/25/23 of client #1's record revealed: -12 year old female. -Admitted on 8/16/22. -Diagnoses of Unspecified Disruptive, Impulse Control and Related Disorder, Unspecified Depressive Disorder and Attention Deficit Hyperactivity Disorder (ADHD) combined presentation. -No documentation for authorization for restriction.</p> <p>Interview on 1/26/23 client #1 stated: -She was searched daily after school. -She had to empty her pockets, take off her</p>	V 503	<p>Miracle Haven of Wagram will ensure that each client if free from unwarranted invasion of privacy.</p> <p>Miracle Haven of Wagram will ensure that each search and seizure is documented as as required.</p> <p>Responsible Party Administrator/Owner Clients Rights Committee QA/QI All staff QP/AP/PP</p>	2/1/2023
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V 503	<p>Continued From page 23</p> <p>shoes, shake her bra and hold her arms out while staff "rubs" them down. -All the client rooms were searched after staff smelled a vape but nothing was found. She was unsure of the date.</p> <p>Finding #2 Review on 1/25/23 of client #2's record revealed: -15 year old female. -Admitted on 8/22/22. -Diagnosis of Conduct Disorder.</p> <p>Interview on 1/26/23 client #2 stated: -They were searched when they came from school but they were not searched daily. -Staff searched their back pack and had them empty their pockets and shake their bra.</p> <p>Finding #3 Review on 1/25/23 of client #3's record revealed: -11 year old female. -Admitted 8/10/22. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder Childhood Onset Type and ADHD combined presentation.</p> <p>Interview on 1/26/23 client #3 stated: -Staff searched them sometimes but staff had not touched them during the search.</p> <p>Interview on 1/26/23 the Group Home Manager stated: -The clients were searched when they came in from school daily. -The clients had to empty their back packs and pockets. -The staff had not touched the clients during the searches. -Staff documented if they found something. -There was no documentation for any of the</p>	V 503		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/26/2023
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NAME OF PROVIDER OR SUPPLIER MIRACLE HAVEN OF WAGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 21701 BUNDY STREET WAGRAM, NC 28396
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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 503	Continued From page 24 searches performed. Interview on 1/26/23 the Qualified Professional/Director stated: -The facility performed searches on clients to limit contraband. -Staff had not touched the clients during the search. -Staff looked in the client's bookbag and the clients held out their arms, took off their shoes and pulled their bra. -There was no documentation of the searches performed. -She would provide their policy on search and seizure. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 503		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal	V 536	Miracle Have of Wagram will ensure that each client is free from unwarranted invasion of privacy. Miracle Haven of Wagram will ensure that each seizure to document as required. Responsible Party Administrator/Owner QA/QI Clients Right Committee All Staff QP/AP/PP	2/1/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/26/2023
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V 536	<p>Continued From page 25</p> <p>compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose 	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/26/2023
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NAME OF PROVIDER OR SUPPLIER MIRACLE HAVEN OF WAGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 21701 BUNDY STREET WAGRAM, NC 28396
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V 536	<p>Continued From page 26</p> <p>activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/26/2023
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V 536	<p>Continued From page 27</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by:</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/26/2023
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V 536	<p>Continued From page 28</p> <p>Based on record reviews and interviews, the facility failed to ensure three of three audited staff (Staff #2, Group Home Manager and Qualified Professional (QP) /Director) received training in alternatives to restrictive interventions. The findings are:</p> <p>Review on 1/26/23 of staff #2's personnel record revealed: -Hire date 6/13/22. -Title: Direct Care Staff. -Crisis Prevention Institute (CPI) training was completed on 6/24/22 and training was provided by the QP/Director.</p> <p>Interview on 1/26/23 staff #2 stated: -She received training in CPI alternatives to restrictive interventions.</p> <p>Review on 1/26/23 of the Group Home Manager's personnel record revealed: -Hire date 8/25/04. -Title: Group Home Manager. -CPI training completed on 7/24/22 and training was provided by the QP/Director.</p> <p>Interview on 1/26/23 the Group Home Manager stated: -She received training in CPI alternatives to restrictive interventions.</p> <p>Review on 1/26/23 of the QP/Director's personnel record revealed: -Hire date 3/30/03. -Title: QP/Director. -CPI Instructor since 2/14/20.</p> <p>Interview on 1/26/23 the QP/Director stated: -She was the CPI instructor for all staff. -She believed the instructor certification was</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/26/2023
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V 536	Continued From page 29 valid. -She learned she was certified until 2/14/22 and had an extension until May 2022. -She scheduled to attend the next instructor course in March 2023.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.	V 537	Miracle of Wagram will ensure that all staff is trained by a certified CPI trainer. Miracle Haven of Wagram will ensure that the trainer can demonstrate competency in all areas of Seclusion, physical restraint and isolation. Responsible Party Administrator/Owner QA/QI Client Rights Committee All Staff QP/AP/PP	2/1/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/26/2023
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

MIRACLE HAVEN OF WAGRAM **21701 BUNDY STREET**
WAGRAM, NC 28396

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V 537	<p>Continued From page 30</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may 	V 537		

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V 537	<p>Continued From page 31</p> <p>review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p>	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 32</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure three of three audited staff (Staff #2, Group Home Manager and Qualified Professional(QP) /Director) received training in seclusion, physical restraint and isolation</p>	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 33</p> <p>time-out. The findings are:</p> <p>Review on 1/26/23 of staff #2's personnel record revealed: -Hire date 6/13/22. -Title: Direct Care Staff. -Crisis Prevention Institute (CPI) training was completed on 6/24/22 and training was provided by the QP/Director.</p> <p>Interview on 1/26/23 staff #2 stated: -She received CPI training in seclusion, physical restraint and isolation time-out. -She had not used any restrictive intervention.</p> <p>Review on 1/26/23 of the Group Home Manager's personnel record revealed: -Hire date 8/25/04. -Title: Group Home Manager. -CPI training completed on 7/24/22 and training was provided by the QP/Director.</p> <p>Interview on 1/26/23 the Group Home Manager stated: -She received CPI training in seclusion, physical restraint and isolation time-out. -No restrictive interventions had been used on any of the current clients. -The facility used restrictive interventions as a last resort.</p> <p>Review on 1/26/23 of the QP/Director's personnel record revealed: -Hire date 3/30/03. -Title: QP/Director. -CPI Instructor since 2/14/20.</p> <p>Interview on 1/26/23 the QP/Director stated: -She was the CPI instructor for all staff. -She believed the instructor certification was</p>	V 537		

Division of Health Service Regulation

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V 537	Continued From page 34 valid. -She learned she was certified until 2/14/22 and had an extension until May 2022. -She scheduled to attend the next instructor course in March 2023.	V 537		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 10, 2023

Tonya McKethan, Director
TT & T Services, Inc.
126 N. Main St.
Raeford, NC 28376

Re: Annual and Follow Up Survey completed January 26, 2023
Miracle Haven of Wagram, 21701 Bundy Street, Wagram, NC, 28396
MHL # 083-031
E-mail Address: emdiggz@earthlink.net; tonya.mckethan@earthlink.net

Dear Ms. McKethan:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed January 26, 2023.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A1 rule violation is cited for **10A NCAC 27G .0209 Medication Requirements (V118)**.
- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Type A1 violations and all cross referenced citations must be **corrected** within 23 days from the exit date of the survey, which is February 18, 2023. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against TT & T Services, Inc. for each day the deficiency remains out of compliance.
- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is February 25, 2023.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is March 27, 2023.

What to include in the Plan of Correction

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

February 10, 2023
Miracle Haven of Wagram
TT & T Services, Inc.

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear, Team Leader at 910-214-0350.

Sincerely,



Tareva Jones, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net
_DHSR_Letters@sandhillsceneter.org
Pam Pridgen, Administrative Supervisor

**Division of Health Service Regulation
Mental Health Licensure and Certification Section
Rule Violation and Client/Staff Identifier List**

Facility Name: Miracle Haven of Wagram _____ MHL Number: 083-031
Exit Date: 1/26/23 Surveyor(s): Tareva Jones

EXIT PARTICIPANTS:

– Director/QP and _____

COVID NOTIFICATION: In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: **10A NCAC 27G .0207 Emergency Plans and Supplies / V114 / Recite**

Rule Violation/Tag #/Citation Level: **10A NCAC 27G .0209 Medication Requirements / V118 / Type A1 cross 10A NCAC 27G .0209 Medication Requirements / V123**

Rule Violation/Tag #/Citation Level: **G.S. 122C – 62 Additional Rights in 24 Hour Facilities / V364 / Recite**

Rule Violation/Tag #/Citation Level: **10A NCAC 27G .0604 Incident Reporting Requirement / V367 / Recite**

Rule Violation/Tag #/Citation Level: **10A NCAC 27D .0103 Client Rights – Search and Seizure Policy / V503 / Recite**

Rule Violation/Tag #/Citation Level: **10A NCAC 27E .0107 Client Rights – Training on Alternative to Restrictive Interventions / V536 / Standard**

Rule Violation/Tag #/Citation Level: **10A NCAC 27E .0108 Client Rights – Training on Seclusion, Restraint, Isolation and Time Out / V537 / Standard**

CITATION LEVEL: Number of days from survey exit for citation correction

Standard = 60 days **Recite** – standard = 30 days **Type A** = 23 days **Type B** = 45 days
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date

Client & Staff Identifier List
(Indicate staff title or number beside each name)

Client # 1 [REDACTED]
Client # 2 [REDACTED]
Client # 3 [REDACTED]
Client # 4 [REDACTED]

Staff # 1 [REDACTED]
Staff # 2 [REDACTED]
Staff # 3 [REDACTED]
Staff # 4 [REDACTED]
Staff # 5 [REDACTED]
Staff # 6 [REDACTED]
Staff # 7 [REDACTED]
Group Home Manager, [REDACTED]
AP, [REDACTED]
Director/QP [REDACTED]

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