STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL083-031	A. BUILDING: _____ B. WING _____	R 06/07/2023

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 000	INITIAL COMMENTS A follow up and complaint survey was completed on June 7, 2023. The complaints were unsubstantiated (Intake #NC00202748 and NC00202896). 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 3. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
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;	V 367		

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V 367	Continued From page 1	V 367		

(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 information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(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).
(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

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V 367	Continued From page 2 by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III 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. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify the local management entity of all Level II and Level III incidents within 72 hours of becoming aware of the incidents. The findings are: Review on 06/01/23 of Former Client (FC) #4's record revealed: -Admission date of 08/16/23. -Discharge date of 05/20/23. -Diagnoses of Unspecified Disruptive and Impulse Control and related Disorder, Unspecified Depressive Disorder, Attention Deficit Hyperactivity Disorder, Combined Type.	V 367		

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V 367	Continued From page 3 Review on 06/01/23 of Incident Response Improvement System (IRIS) database revealed no level ll incident report completed regarding FC #4 elopement and allegation of abuse against House Manager on 05/19/23. During interview on 06/01/23 the House Manager (HM) revealed: -FC #4 had two incidents on 05/19/23 and 05/20/23 where she eloped from the facility. -She did not know an allegation had been made against her that she had abused FC #4 until Child Protective Services came to the facility last week. -FC #4 was picked up from school on 05/19/23 to attend therapy. -The teacher informed the HM FC #4 had been caught with stealing a phone. -On the way to therapy FC #4 was calling the staff names and yelling. -FC #4 had calmed down by the time they arrived back to the facility. -At dinner time FC #4 became angry again and she did not know why. -FC #4 was in her room and a staff had to sit in the hallway at all times if a client goes to the room. -FC #4 started throwing items at her and she was hit by a item. -FC #4 attempted to stab her with a piece from the clothes hanger. -She was able to get the piece from FC #4 and she started kicking her in the legs. -She was able to hold FC #4's leg away from kicking her. -Staff #1 and staff #5 were present during the incident and the other clients were present as well. -FC #4 accused me of slamming her head in the mattress and box springs.	V 367		

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V 367	Continued From page 4 -FC #4 was on the bed and jumped from the bed and ran down the hall. -FC #4 ran out the house and she followed her in the van. -FC #4 was telling people she saw she was being abused. -A police officer showed up and FC #4 never told the police she had assaulted her. -FC #4 told the police officer she wanted to go to the hospital. -She explained to the police officer she did not want to involuntary commit her because she had just returned home from the hospital for an involuntary commitment and they did not keep her. -FC #4 finally calmed down and returned back to the facility. -She returned to the facility the next morning and FC #4 was fine and helped her complete chores and complete laundry. FC #4 could not be interviewed due to being discharged from the facility and the unknown location of FC #4. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		