

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060785	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/09/2023
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NAME OF PROVIDER OR SUPPLIER MIRACLE HOUSE 1	STREET ADDRESS, CITY, STATE, ZIP CODE 1418 JULES COURT CHARLOTTE, NC 28226
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow-up survey was completed on 6-9-23. The complaints were unsubstantiated (Intake # NC00197421 and #NC00201363). 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 5. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be</p>	V 112	<p>V112 27G .0205 C-D</p> <p>The agency qualified professionals have undergone the person center plan competency-based training where they have learned how to individualize the PCP and create strategies that will assist the consumer is achieving the goals of the treatment plan. If consumer strategies are not working the team will discuss the strategies in the Tuesday Clinical team meeting or call an emergency meeting with the treatment team to come up with new strategies. The Clinical Director will monitor the outcome of the strategies put in place to ensure they are effective and to make any updates if required. Strategies will be monitored for effectiveness every Tuesday during the clinical team meeting. Staff are also required to attend the weekly staff meeting where the consumers behavioral progression is discussed, and clinical approaches are reviewed to ensure effective interventions.</p>	06/20/2023

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 112	<p>Continued From page 1</p> <p>obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop and implement treatment strategies to address the needs of the client affecting 1 of 2 audited clients (client #1). The findings are:</p> <p>Review on 4-27-23 of client #1's record revealed: -Date of admission: 10-22-22. -Diagnosis: Adjustment Disorder With Mixed Disturbance of Emotion and Conduct. -Age: 16. -Local high school attendance and incident report documenting client #1's enrollment since October of 2022. -The legend on the attendance and incident report revealed the following attendance codes: 2A= Unexcused Assessment. -For the period of October 31, 2022 to April 17, 2023 client #1 had 13 unexcused assessments from school and 70 unexcused assessments from classes.</p> <p>Interview on 5-2-23 with client #1 revealed: -Facility staff would watch him get on the bus from the facility window. -He would ride the bus to school then leave campus. -He liked going to the local high school.</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>"I like school, I just don't like being in school."</p> <p>Review on 4-27-23 of treatment plan dated 10-8-22 and updated, 11-8-22, 12-6-22, 1-19-23, 2-20-23 and 3-13-23 revealed:</p> <p>- "Not working-elopement from school." - "Returning to school in time to get back on the bus." - There were no strategies developed or implemented to address the client's elopement from school.</p> <p>Interview on 4-26-23 with the Home Manager (HM) revealed: - "We make sure he (client #1) gets on the bus everyday. We can't make him go to school once he gets there." - "I asked his guardian to change his school (because the local high school was not a good fit) but she didn't do anything." - Client #1 would come home from school "high." - Elopement was discussed in a team meeting (date unknown) but no plan or strategies were implemented.</p> <p>Interview on 5-4-23 with the Qualified Professional (QP #1) revealed: - Did not speak to the guardian regarding client #1 skipping school. - Addressed client #1's elopement from school during team meetings (dates unknown). - The plan was when the school notified the facility that client #1 was not in school, "I would go to the school and look for [client #1] on campus." - QP #1 would "process" (discuss the offense and alternatives to the behavior) with client #1 when he would skip or get suspended. - No other plan or strategies were implemented to address client #1 skipping school.</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>Interview on 5-4-23 with the QP supervisor revealed:</p> <ul style="list-style-type: none"> -Elopement was addressed in the PCP (person centered plan) in the "what's working" and "what's not working" section. -No other strategies addressing client #1 skipping school were implemented. -Had four discussions with a local school board member regarding changing client #1's school because they did not feel the local high school that client #1 was attending was a good fit for him. -The request for client #1 to change school was denied due to client #1 not being a discipline problem. -Would have the HM provide the dates of the meetings with the school board member (discussed elopement and possible alternative school for client #1). -No dates of the meetings with the school board member received as of survey exit date. <p>Interview on 5-11-23 with the HM revealed:</p> <ul style="list-style-type: none"> -"I thought I gave that (dates of meetings with school board member) to you." -"I must have given that to the social worker." -No documentation of dates of the conversations with the school board member or of meetings with school officials were provided by survey exit date. <p>Interview on 5-11-23 with the Executive Director/Licensee revealed:</p> <ul style="list-style-type: none"> -No further information known regarding client skipping school. <p>Interview on 5-5-23 with the Principal of client #1's school revealed:</p> <ul style="list-style-type: none"> -Client #1 skipped school 13 full days since enrollment (October 2022). 	V 112		

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V 112	Continued From page 4 -Client #1 would leave campus when he got off the school bus in the morning and return to campus in time to get back on the bus in the afternoon. -Client #1 missed 70 classes since enrollment. -The school would inform the the HM each time client #1 would elope or skip class. -There was never a meeting with the facility to address client #1's elopement issues. -He would sometimes try to meet client #1's bus in the morning to make sure client #1 made it into the school but he (principal) was not always available to meet the bus due to his other duties.	V 112		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V 120	10A NCAC 27G .0209 MEDICATION The Qualified Professionals have completed supervisions with all staff to review the medication administration policy to ensure that medications are stored properly and ensure that the buddy system where the medications are supervised during administration now includes ensuring proper storage on 9/10/23. To prevent miss storage of medication the Qualified Professional will do random checks in the facility and add check with the second staff to ensure medications were stored properly. This monitoring will take place weekly. The nurse provided an overview training to ensure all medication are double storage and the six rights of giving medications is implement at the time of given medication. 06/17/23	06/17/2023

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V 120	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on interviews and observation the facility failed to store medications securely affecting 2 of 2 audited clients (client #1 and client #2). The findings are:</p> <p>Observation on 5-1-23 at approximately 3pm revealed: -A weekly pill box dispenser on the desk in the office. - 5 of the 7 days were labeled with client initials. -A white oblong pill was in one of the unlabeled sections in the box.</p> <p>Interview on 5-1-23 with the Home Manager (HM) revealed: -"That looks like ibuprofen." -Did not know which client the pill belonged to. -Staff do not pre-pour medications. -Staff use the pill box to dispense medications during medication administration times only so they don't waste cups.</p> <p>Interview on 5-1-23 with Client #2 revealed: -"They (staff) have a box that they put all the medications in. They call us one by one into the office and give it (medications) to us."</p> <p>Interview on 5-2-23 with client #1 revealed: -"They (staff) put the meds (medications) in a pill box with everybody's name on it and give it to us in the office."</p> <p>Interview on 5-11-23 with the Executive Director/Licensee revealed: -"We do not use pill boxes." -"We did a plan of correction years ago about pill</p>	V 120		

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V 120	Continued From page 6 boxes. We don't use Pill boxes."	V 120		
V 298	27G .1706 Residential Tx. Child/Adol - Operations 10A NCAC 27G .1706 OPERATIONS (a) Each facility shall serve no more than a total of 12 children and adolescents. (b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting. (c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement. (d) Psychiatric consultation shall be available as needed for each child or adolescent. (e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer. (f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan. (g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.	V 298		

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V 298	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to coordinate with the local school to ensure the clients' educational needs were met affecting 1 of 2 audited clients (client #1). The findings are:</p> <p>Review on 4-27-23 of client #1's record revealed: -Date of admission: 10-22-22 -Diagnosis: Adjustment Disorder With Mixed Disturbance of Emotion and Conduct. -Age: 16. -Client #1 was assigned a chromebook from the local high school to assist him with completing homework and school assignments. -Local high school attendance and incident report documenting client #1's enrollment since October of 2022. -The legend on the attendance and incident report revealed the following attendance codes: 2A= Unexcused Assessment. -For the period of October 31, 2022 to April 17, 2023 client #1 had 13 unexcused assessments from school and 70 unexcused assessments from classes.</p> <p>Review on 4-27-23 of treatment plan dated 10-8-22 and updated, 11-8-22, 12-6-22, 1-19-23, 2-20-23 and 3-13-23 revealed: -"Not working-elopement from school." -"Returning to school in time to get back on the bus."</p> <p>Interview on 5-4-23 with the Qualified Professional (QP #1) revealed: -Did not speak to the guardian regarding client #1 skipping school. -Addressed client #1's elopement from school during team meetings (dates unknown). -The plan was when the school notified the facility</p>	V 298	<p>10A NCAC 27G .1706 OPERATIONS</p> <p>The Clinical Director, Qualified Professional and House Manager will be continuing to invite the teachers and other school staff to participate in the CFT (Child and Family Team Meeting). The team will also make sure that all attendees will sign the attendance logs. The Qualified Professional that goes to the school will also documents their attendance at the school in the weekly summaries and in the service note. The CFT meeting will take place monthly and the all parties that involved in the child's treatment will be in attendance and the attendance will be documented.</p>	06/10/23

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V 298	<p>Continued From page 8</p> <p>that client #1 was not in school, "I would go to the school and look for [client #1] on campus." -QP #1 would "process" (discuss the offense and alternatives to the behavior) with client #1 when he would skip or get suspended. -No other plan or strategies were implemented to address client #1 skipping school. -Client #1's access to his chromebook was restricted due to client #1 accessing social media when he had access to the chromebook. -Did not know what dates the chromebook had been restricted but thought it may have been documented in the daily notes. -"I don't have a lot of information on that cause [QP#2 and QP supervisor] handled that."</p> <p>Interview on 4-26-23 and 4-27-23 with the Home Manager (HM) revealed: -Client #1 was using the chromebook to access social media and his chromebook was taken away (dates unknown) from him. Not sure of the dates the client did not have access to the chromebook but every time he did have access to it he would have it taken for accessing social media. -The facility did not track when the client did not have access to his chrome book. -"Every time he (client #1) had access to it (chromebook) he would get caught on social media and he (client #1) would have to put the chromebook up." -HM never spoke to the school regarding the chromebook. -HM spoke to the guardian and informed her that client #1 was accessing social media via the chromebook but no alternative plans were made to assist client #1 with completing his homework without the use of the chromebook. -"[Client #1] skipped school 63 days...he ain't interested in no school work."</p>	V 298		

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V 298	<p>Continued From page 9</p> <p>-He was doing good at first then he started hanging with them southside and [local neighborhood kids]. When he started hanging with them that's when things started going down hill."</p> <p>-I told his guardian [local high school] was not a good fit for him (client #1). [local high school] is full of rich white kids and you can get anything you want there. Any kind of drug you want there those rich white kids will get it for you."</p> <p>-I told her (guardian) to get him in an alternative school but she didn't listen."</p> <p>-Client #1's school attendance was discussed during team meetings (dates unknown). -Did not have a written plan to address client #1's access to his chromebook or client #1's elopement from school.</p> <p>Interview on 5-11-23 with the Executive Director/Licensee revealed: -No further information known regarding clients' educational needs.</p> <p>Interview on 5-5-23 with the principal for client #1's high school revealed: -Client #1 had missed "13 days" of school due to his elopement from school. -Client #1 had missed "70 classes" due to his skipping school. -The facility was notified each time client #1 was absent from school. -"[HM and/or QP #1] would come to the school and kind of look for him but he would not be on campus." -Client #1 would get off the bus in the mornings and leave campus then come back in time to get back on the bus to go home. -The school and the facility never had a meeting to develop a plan to address the skipping or the elopement.</p>	V 298		

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V 298	Continued From page 10 -"They (facility staff) never requested a meeting. We certainly would have accommodated the request or tried to." -"During a meeting with [client #1 and QP #1] right before spring break, I had made an agreement with [client #1]. He had gotten a 10 day suspension but I told him if he could do all of his work and get caught up over spring break we would turn the out of school suspension into an in-school suspension. He (client #1) said, 'they won't let me use it (the chromebook) to do my work.' I said right in front of the mental health worker (QP#1) that's not right, you have to have your chromebook to do your work. " -"I told [client #1] to go ahead to class and me and [QP#1] were talking and he said to me 'what he (client #1) told you is true.' -"He (QP #1) said [QP #2] took the chromebook. I don't know this person [QP #2]. [QP#1] advocated for [client #1]."	V 298		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;	V 366		

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V 366	<p>Continued From page 11</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to</p>	V 366		

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V 366	<p>Continued From page 12</p> <p>determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p>	V 366		

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V 366	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to implement written policies governing their response to level II incidents. The findings are:</p> <p>Review on 4-27-23 of client #1's record revealed: -Date of admission: 10-22-22 -Diagnosis: Adjustment Disorder With Mixed Disturbance of Emotion and Conduct. -Age: 16. -Local high school attendance and incident report documenting client #1's enrollment since October of 2022. -The legend on the attendance and incident report revealed the following attendance codes: 2A= Unexcused Assessment. -For the period of October 31, 2022 to April 17, 2023 client #1 had 13 unexcused assessments from school and 70 unexcused assessments from classes.</p> <p>Review on 4-27-23 of the facilities incident reports from October 2022 to April 17, 2023 revealed no documentation of client #1's elopement from Local high school.</p> <p>Review on 4-26-23 of the Incident Reporting Improvement Response System (IRIS) for October 2022-April 17, 2023 revealed: -No IRIS, risk cause analysis or documentation to support submission of written preliminary findings of fact to the local Managed Care Entity (LME)/Managed Care Organization (MCO) within</p>	V 366	<p>27G.0603 Incident Response Requirements</p> <p>The Clinical Director of the agency has completed supervision with the Qualified Professional, House Manger and all Direct Care Staff to ensure they are knowledgeable of the policies and procedures regarding their response to incident reporting and timing around submissions. The supervision also ensured that all staff are aware of the severity levels of incidents to determine what level to submit on the incident report. The Quality team will continue to review all incidents with each staff on the morning call to ensure that they are put into the Iris system and submitted in a timely fashion on a daily basis.</p> <p>Each staff member had an overview training on incident reporting.</p> <p>Qualified professional will ensure although the consumer AWOL from school and returns on the school bus. QP has instructed all staff member that a level 1 and/or level 2 has to be reported.</p>	06/17/2023

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V 366	<p>Continued From page 14</p> <p>5 working days of 13 elopement incidents occurring between 10-31-22 and 4-17-23.</p> <p>Interview on 4-26-23 and 4-27-23 with the Home Manager (HM) revealed:</p> <ul style="list-style-type: none"> -When the facility was notified of client #1's elopement status at school she and/or QP #1 would go to the school and search the campus for the client. -She would report the elopement up the "chain of command." (QP #1) -They (staff) did not know the whereabouts of client #1 during the elopement. -Client #1 would come home from school "high." -No incident report was completed for the 13 known times client eloped from school. -HM did not know incident reports were required since the elopement incidents occurred at school and not at the facility. <p>Interview on 5-4-23 with QP #1 revealed:</p> <ul style="list-style-type: none"> -He was aware of client #1's elopement from school. -The school would notify the HM and HM would notify him if the client was absent. -He did not do incident reports someone else completed the incident reports. <p>Interview on 5-2-23 with QP#2 revealed:</p> <ul style="list-style-type: none"> -Was not aware an incident report was required since the elopement incidents happened at school and not while the client was at the facility. -Level I incidents were documented in house. -Level II and III incident reports were completed by "someone in the office." <p>Interview on 5-11-23 with the Executive Director/Licensee revealed:</p> <ul style="list-style-type: none"> -Believed they were not required to do the incident reports since incidents occurred at 	V 366		

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V 366	Continued From page 15 school.	V 366		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be 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 interview and observation the facility was not maintained in a clean, safe, attractive and orderly manner. The findings are:</p> <p>Observation on 5-1-23 of he facility between 2:45pm-3:30pm revealed: In the kitchen: -The hinges on two cabinet doors (the middle and the far right cabinet door facing the dining area) would not allow the doors to close completely. -The middle cabinet had a piece of unstained plywood approximately 2 and 1/2 feet long inserted in the door -On the wall leading from the kitchen there were 2 areas approximately 2 to 3 feet in diameter that had been repaired with putty but not painted. -Door near the laundry area had a hole approximately 3 to 4 inches long and 3 to 4 inches wide with 2 dime size holes approximately a foot apart further down the door. The dining area:</p>	V 736	<p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>All staff have completed supervisions with the Clinical Director to ensure that they understand their roles and responsibilities when in the group home. The supervision also included reviewing the weekly operational which is a detailed worksheet that checks the interior and exterior facility grounds; maintain in a clean, safe, attractive and orderly manner. The weekly operational also includes notifying the safety officer of any deficiencies at the facility that need to be repaired or addresses. The weekly operational will be turned into the administrative office where the quality team will review in the quarterly meeting for findings and trends that may require strategic planning. Weekly operations will be reviewed by the QP weekly and quarterly by the quality assurance committee or trends and possible strategies. QP will enhance all maintenance request are repaired in a timely manner (within 2 weeks). Miracle Houses Inc. is seeking to hire a new contractor.</p>	06/15/23

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V 736	<p>Continued From page 16</p> <ul style="list-style-type: none"> -A corner cabinet with 3 drawers missing the pull knobs. The middle drawer was unable to close completely. -Bedroom #1: <ul style="list-style-type: none"> -The wall beside the window had an area that ran the length of the wall and approximately half the width of the wall that had been puttied but not painted. Bedroom #2: <ul style="list-style-type: none"> -The sink was heavily stained with a dark color paint and some other unidentifiable stains. Bathroom #2 <ul style="list-style-type: none"> -A decorative wall cabinet with 14 horizontal slats was missing 2 slats. -The sink was heavily stained with an unknown brown colored substance and had a quarter size chip as well as several smaller nicks in and around the bowl. -The mirror had a build up of toothpaste and soap scum. -The door had a hole approximately 5 to 6 inches wide. -There was a black substance in the crack around the bathtub where the tub meets the shower wall. -The towel bar was missing from the towel rack. -The right facing cabinet door would not close properly and was opened slightly hanging from the frame. -The right facing cabinet drawer was broken (the front of he door separated from the wood frame and pushed approximately a quarter of the way in the cabinet. -A small hole approximately 2 to 3 inches wide in the wall beside the electrical socket. -A large hold approximately a foot in length and width covered in a yellow putty but not painted. <p>Interview on 5-1-23 with the Home Manager (HM) revealed:</p>	V 736		

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V 736	Continued From page 17 -Clients do not use the sink in bedroom #1. "They (maintenance) just painted and got paint in the sink." -Not sure why it was not cleaned up. -"Every time something gets fixed they (clients) will tear it right back up." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on interviews and observation, the facility failed to to be kept free of rodents. The findings are: Observation on 5-1-23 of he facility between 2:45pm-3:30pm revealed: -Approximately 15-20 rodent droppings under cabinet #1. -Approximately 5 rodent droppings under cabinet #2. -Approximately 10-15 rodent droppings under cabinet #3. -Approximately 5 to 10 rodent droppings in 2 kitchen drawers containing kitchen cooking and eating utensil. Interview with the House Manager on 5-1-23	V 738	Miracle Houses Staff will continue their annual contract with Sage exterminators to spray the facility quarterly. Miracle Houses Executive Director has got the maintenance man to look for ways the mice were getting into the facility and the maintenance man closed up small areas that the mice possibly get into the facility. Executive Direct contract a company Aptive (Responsibility Protection Young Family & Environment Company) to get rid of the mice, which is one of their specialties. Aptive will make periodic check to ensure no mice in the facility. House Manager will document on weekly operations, ensure the clean up on every shift and communicate with Executive Director when mice droppings are found to get rid of the mice.	09/12/23

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V 738	<p>Continued From page 18</p> <p>revealed: -She would call an exterminator to come to the facility and treat for possible rodents.</p> <p>Interview on 5-1-23 with client #2 revealed: -He had never observed any rodents in the home.</p> <p>Interview on 5-2-23 with client #1 revealed: -He had witnessed rodents in the home (mice) several times. -He had witnessed roaches in the home.</p> <p>Interview on 5-2-23 with QP#2 revealed: -There had been mice in the home "a few months ago when the weather turned cold, they came in." -She had not seen any in a "while." -The exterminator came monthly to treat the home.</p>	V 738		