

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060785</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSE 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1418 JULES COURT CHARLOTTE, NC 28226</b>
--	--

(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	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 9-12-23. One complaint was unsubstantiated (#NC00205223) and one complaint was substantiated (#NC0020527). 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 six and currently has a census of five. The survey sample consisted of audits of one current client and two former clients.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p>	V 110		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060785</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSE 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1418 JULES COURT CHARLOTTE, NC 28226</b>
--	--

(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 110	<p>Continued From page 1</p> <p>(4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews one of one audited staff (Staff #1) failed to demonstrate knowledge, skill, and ability required by the population served. The findings are:</p> <p>Review on 8-15-23 of Staff #1's personnel record revealed: -Hire date of 11-8-11. -Training included: North Carolina Intervention (NCI) 2-6-23, client rights, 1-22-23, abuse 1-21-23, client specific training 1-21-23, diagnostic criteria 1-23-23, crisis prevention training 11-12-22, and recognizing how trauma effects all individuals, 1-23-23.</p> <p>Review on 7-6-23 of an Internal Investigation dated 5-16-23 for 5-16-23 incident and signed by the Director revealed: -FC#1 got upset when he saw that a Child Protective Services (CPS) worker was at the facility. -FC#1 jumped out of the van and started yelling, cursing, and throwing rocks and sticks. -FC#1 hit Client #3 in the face with a stick</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060785</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSE 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1418 JULES COURT CHARLOTTE, NC 28226</b>
--	--

(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 110	<p>Continued From page 2</p> <p>and Client #3 ran after him to hit him back. -Former Staff #2 ran after them, but the two clients had already stopped fighting. -Former Staff #2 stated he approached the two clients to ensure there would be no more physical or aggressive behaviors. -Clients calmed down after processing with staff.</p> <p>Interview on 7-18-23 with FC#1 revealed: -He and Client #3 got into a fight. -"I heard that one of the staff told him to go get me and he ran up at me." -He had thought Client #3 was trying to fight him, but Client #3 was trying to bring him back to the facility since he had run a little way up the street. -He hit Client #3 with a stick. -Client #3 knocked him down and knocked the air out of him. -Staff #1 was outside. -Staff #1 told Client #3 to go get him. -When he and Client #3 were fighting, Former Client #2 broke up the fight. -Staff #1 was on the phone. - "[Staff #1] couldn't break it up, she was on the phone and couldn't put it down." -"There was another lady from another house with [Staff #1]."</p> <p>Interview on 7-19-23 with Former Client #2 revealed: -He had to break up the fight between FC#1 and Client #3. -Staff had told Client #3 to jump on FC#1. -"[Staff #1] was like, beat him up, kick his a*s." -"I had to get [Client #3] off him (FC#1)." -"[Staff #1] kept provoking [FC#1] and he called her a b***h, and she (Staff #1) said 'get</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060785</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSE 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1418 JULES COURT CHARLOTTE, NC 28226</b>
--	--

(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 110	<p>Continued From page 3</p> <p>him [Client #3]."</p> <p>Interview on 7-6-23 with Client #3 revealed:                      -FC#1 was angry at staff.                      -FC#1 then threw a stick at Client #3.                      -Client #3 told FC#1 to stop throwing rocks and sticks, and that is when FC#1 threw a stick at Client #3, hitting him.                      -Client #3 then hit FC#1 twice and then stopped.                      -Staff #1 had come towards them, but the fight was over.</p> <p>Interview on 8-25-23 with Client #3 revealed:                      - Two staff had been at the facility, Staff #1 and Former Staff #2. Both staff got between him and FC#1. Staff #1 was on the phone but also "trying to break it up." The staff broke up the fight, not Former Client #2.</p> <p>Interview on 7-24-23 with the CPS worker revealed:                      -She had gone to the facility to do a final evaluation for another issue.                      -FC#1 started yelling and screaming that he didn't like the facility.                      -Client #3 was "egging him (FC#1) on."                      -FC#1 started beating his head against the van.                      -FC#1 and Client #3 got into a fight.                      -Staff #1 was "yelling at them."                      -"I can honestly say there was no control of the incident."                      -FC#1 was still beating his head against the van.                      -Client #3 had no reason to get involved, but he did.                      -"The staff had no control."                      -"There was just [Staff #1] at the time."                      -"At the time of the fight, there was only one</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060785</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSE 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1418 JULES COURT CHARLOTTE, NC 28226</b>
--	--

(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 110	<p>Continued From page 4</p> <p>staff."</p> <ul style="list-style-type: none"> <li>-FC#1 was asking to go to mental health, but Staff #1 said he was just seeking attention and took him back inside the facility.</li> <li>-"[Staff #1] did not intervene in the fight."</li> <li>-The neighbor was upset about staff allowing the boys to fight.</li> <li>-She did not hear Staff #1 encourage Client #3 to fight.</li> <li>-Former Client #2 was trying to calm FC#1 and Client #3 down.</li> <li>-"It was a free for all."</li> <li>-"Those boys are left to the wolves."</li> <li>-The CPS worker told Staff #1 to call 911 and ask for a medic, Staff #1 was initially not going to call.</li> <li>-Emergency Medical Services did come and check out FC#1.</li> <li>-Staff #1 was already outside calling the Director.</li> <li>-"She (Staff #1) was the only staff there until someone else got there. I had just walked all around inside the house and there was only one staff."</li> </ul> <p>Interview on 7-5-23 and 8-31-23 with a neighbor of the facility revealed:</p> <ul style="list-style-type: none"> <li>-She saw FC#1 "very upset."</li> <li>-Staff #1 was pointing her finger in his face.</li> </ul> <p>"She was escalating his behavior which is what I see all the time."</p> <ul style="list-style-type: none"> <li>-She then saw Client #3 fighting with FC#1 on the sidewalk.</li> <li>-She was told by Staff #1 to "mind her own business" when she tried to intervene.</li> <li>-She only saw Staff #1 in the street.</li> <li>-There was a CPS worker in her car.</li> <li>-"There are cops there every other day, it seems like."</li> </ul>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060785</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSE 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1418 JULES COURT CHARLOTTE, NC 28226</b>
--	--

(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 110	<p>Continued From page 5</p> <p>Interview on 7-6-23, 8-15-23 and 8-25-23 with Staff #1 revealed:            -FC#1 would get upset when he couldn't have his way.            -FC#1 picked up a stick and hit Client #3.            -"Before I could grab [Client #3], [Client #3] hit [FC#1]."            -She called the police.            -8-15-23; She stated that she got between FC#1 and Client #3 and they stopped fighting immediately. Staff #3 was working with her.            -8-25-23; There were four clients at the facility at the time of the fight. "The social worker asked why we were still putting up with him (FC#1)?"</p> <p>Interview on 8-15-23 with Staff #3 revealed:            -He had not been working that day, he would have remembered a fight between FC#1 and Client #3.</p> <p>Interview on 8-23-23 and 9-12-23 with the Executive Director revealed:            -Staff #1 had tried to break up the fight between the two clients, but it was already over by the time she got to the clients.            -The neighbor of the facility doesn't like Staff #1.            -There had been two staff working at the time of the incident, Staff #1 and Former Staff #2.            -Staff had been retrained in NCI after this incident.</p> <p>Attempted interviews with Former Staff #2 were unsuccessful due to Former Staff #2 not returning phones calls on 8-21-23, 8-24-23, and 8-31-23..</p> <p>Review on 9-12-23 of the Plan of Protection dated 9-12-23 and signed by the Executive</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060785</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSE 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1418 JULES COURT CHARLOTTE, NC 28226</b>
--	--

(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 110	<p>Continued From page 6</p> <p>Director revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Staff will remain close to consumers to ensure the safety for all consumers. Executive Director will send an email to all staff members today 9-12-23 of the outcome of the investigation and to follow the directions given to ensure safety. The group home attended NCI (part B training) to ensure de-escalation method is being implemented on 5-16-23.</p> <p>Describe your plans to make sure the above happens. "Executive Director will monitor to ensure the above is being implemented with the Q.P. (Qualified Professional) by making unannounced visits and spend time with the children. Executive Director will continue to discuss safety in monthly meetings."</p> <p>On 5-16-23 Former Client #1 and Client #3 got into a physical altercation. Staff #1 escalated Former Client #1 by yelling and pointing her finger in Former Client #1's face and did nothing to stop the physical altercation. Former Client #1 was throwing rock, and sticks, and was beating his head on the van. Client #3 hit Former Client #1 after Client #3 had been hit with a stick. Former Client #1 was knocked down by Client #3 and hit his head on the sidewalk, knocking the wind out of him. Staff #1 did not demonstrate competency by failing to step into or prevent the altercation. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060785</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSE 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1418 JULES COURT CHARLOTTE, NC 28226</b>
--	--

(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 110	Continued From page 7  corrected within 45 days, an administrative penalty of 200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 110		