INITIAL COMMENTS
An annual and complaint survey was completed on April 22, 2021. The complaints were substantiated (Intake #NC00176013, NC00176245). Deficiencies were cited.

This facility is licensed for the following service category:

- 10A NCAC 27G .1700: Residential Treatment Staff Secure for Children or Adolescents

27G .1701 Residential Tx. Child/Adol - Scope

10A NCAC 27G .1701 SCOPE
(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.
(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.
(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.
(d) The children or adolescents served shall require the following:
(1) removal from home to a community-based residential setting in order to facilitate treatment; and
**V 293 Continued From page 1**

1. Treatment in a staff secure setting.
2. Services shall be designed to:
   1. Include individualized supervision and structure of daily living;
   2. Minimize the occurrence of behaviors related to functional deficits;
   3. Ensure safety and de-escalate out of control behaviors including frequent crisis management with or without physical restraint;
   4. Assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and
   5. Support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.

1. The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.

This Rule is not met as evidenced by:
Based on interview and record review, the facility staff failed to coordinate with other agencies, within the client’s system of care for one (client #1), of three clients surveyed. The findings are:

- Review on 4-16-21 and 4-19-21 of client #1’s facility record revealed:-admitted 2-23-21

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Miracle Houses established a relationship with the school in order for MHI to be aware of consumer's symptoms of their diagnosis. MHI Therapist invited the school counselor to CFT meetings, sending emails when the consumer has behaviors, notify the school when medication has changed. All consumers will be bus riders unless stated in pcp. Executive Director has asked the school to call immediately when a child is not picked up on time. Executive has reminded staff when late picking up consumers it is mandatory staff notify Executive Director. The Executive will ensure that correspondence is established upon admission with all agencies and personnel involved in the system of care with the consumer.
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- he was 12 years old
- diagnosed with:
  - Attention-Deficit/Hyperactivity Disorder
  - Oppositional Defiant Disorder
  - Autistic Disorder
  - Mixed Receptive Expressive Language Disorder
- Admission Assessment dated 2-23-21 indicated:
  - behavioral outbursts
  - history of stealing
  - history of self-injurious behaviors of pulling off fingernails, toenails and scratches self until bleeding
  - history of exaggerating and lying
  - history of destroying property

Interview on 4-21-21 with client #1's school counselor revealed:
- she is, "not impressed with the group home staff's communication and cooperation," with his school
- group home staff, "have been late picking him (client #1) up (from school) on more than one occasion."
- Friday, March 26, 2021 - 40 minutes
- late
- Monday, March 29, 2021 - 30 minutes
- late
- Tuesday, March 30, 2021 - 10 minutes
- late
- client #1 came to school with no pencil, no paper and no backpack, completely unprepared on:
  - April 13, 2021
  - April 14, 2021
  - April 15, 2021
- she was told by the group home staff they could not give him a backpack because he was
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stealing from the other clients and putting things in his bookbag
- she wondered why they didn’t simply check his bookbag before leaving the group home, to make sure he had supplies and only things that belonged to him
- “you call over and over, they don’t answer, they’re late picking him up and they can’t give you a reason. [Client #1] deserves better care and treatment (than that).”

Interview on 4-14-21 and 4-15-21 with Client #1’s SRO (School Resource Officer) revealed:
- group home staff have been late multiple times picking client #1 up after school
- “we just want to work with the group home and help these kids do the best they can”
- “it seems like the group home is not very easy to talk to, not easy to communicate with”
- on 3-30-21 he had arranged to meet a staff person at the group home, but upon arriving, no one was there, he waited 20 minutes and no showed up or called him to cancel.
- later the same day he went back to the group home at 4:00 pm and the staff refused to answer some of his questions
- “they’re reluctant to give out much information. (I don’t know if it’s Co-vid or they’re just uncooperative.”

Review on 4-15-21 of the SRO’s “Incident/investigation Report” revealed:
- client #1 had gotten lost in the hallways at school on multiple occasions
- on 3-26-21 client #1 told him, “they forgot about me”-meaning group home staff
- SRO called the group home and the person answering the phone refused to give him their
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name when he said he was calling from client #1's middle school
- when the SRO asked if they were coming to pick client #1 up, the group home staff said, "shoot, we forgot about him, we will be there shortly."
- "we waited outside until they arrived in 1605 (4:05 pm). It was 40 minutes after dismissal when they go here to get [client #1]."

Interview on 4-15-21 with client #1's Exceptional Children's teacher revealed:
- the group home staff have been late picking client #1 up from school at least 3 times
- 3 days in a row they sent him to school with no pencil, paper or bookbag
- the group home staff are not cooperative, don't return calls and don't answer calls (dates and times not provided)
- "we only want what's best for these kids, so why won't they work with us?"

Interview on 4-19-21 with the Qualified Professional (QP) revealed:
- forgetting to pick up a client from school was unacceptable
- different staff are assigned to pick up clients on different days, depending on who is working
- sometimes the schedule changes, and the person assigned to pick up clients from school on their way to work, might not be able to if they are sick or have an emergency
- the discipline action for not picking up a client from school ranges from verbal warning, to written warning, to possible termination

Interview on 4-21-21 with staff #3 revealed:
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- she had an emergency 3-26-21 and was running late to work
- she was supposed to pick up client #1 from school
- her cell phone had lost its charge and she was unable to call
- when she arrived at his school, he had already been picked up
- she then went to the facility to begin her shift
- because of this incident, she was suspended from work

Interview on 4-20-21 with the Director/Licensee revealed:
- she knew about staff #3 not picking client #1 up from school
- she was unaware of the two other days he was late getting picked up. "On the other days, the staff didn't tell me."
- "We know how serious it is" Client #1 is now, "riding the bus, so that won't be happening again"
- staff who miss assignments like that can be terminated
- staff #3, "was suspended and we're meeting tomorrow to see if we want to bring her back"
- "You pay people to do a job. Show up on time, do what they're supposed to do, leave all your issues outside, give my kids all your attention ... take care of business."
- "It's hard to keep staff when they're being paid more not to work because of Covid."

Staffing

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<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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<td>(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
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<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
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<td>10A NCAC 27G.1704 MINIMUM STAFFING REQUIREMENTS</td>
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<td>(a) A qualified professional shall be available by telephone or pager. A direct care staff shall be able to reach the facility within 30 minutes at all times.</td>
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<td>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</td>
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<td>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</td>
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<td>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</td>
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<td>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</td>
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<td>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</td>
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<td>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</td>
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<td>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</td>
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<td>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</td>
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<td>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</td>
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<td>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the</td>
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A child or adolescent's individual strengths and needs as specified in the treatment plan.

This Rule is not met as evidenced by:
Based on interview and record review, the facility failed to maintain the minimum number of direct care staff required, when clients are present. The findings are:

Review on 4-16-21 and 4-19-21 of client #1's facility record revealed:
- admitted 2-23-21
- 12 years old
- diagnosed with:
  - Attention-Deficit/Hyperactivity Disorder
  - Oppositional Defiant Disorder
  - Autistic Disorder
  - Mixed Receptive Expressive Language Disorder
- Admission Assessment dated 2-23-21
  - behavioral outburst
  - history of stealing
  - history of self-injurious behaviors of pulling off fingernails, toenails and scratching self until bleeding
  - history of exaggerating and lying
  - history of destroying property

Review on 4-19-21 of client #2's facility record revealed:
- admitted 8-26-20

Executive Director at the monthly staff meeting reinforced the rule of staff ratio to staff members. Executive Director also reminded staff of the rules of callout within three hours prior to shift to ensure MHI maintain ratio at all time to consumer that are present in the facility. Executive Direct has established a groupmee for staff to log on and logout when arriving and leaving work as a second method. Associate Professional will check the groupmee daily or when receive call outs and notify Executive Director when there is a call out. Executive Direct will ensure coverage at the facility by calling the facility.
MIRACLE HOUSES, INC.
4410 E. Independence Blvd
Charlotte, NC 282205
(704) 535-4447 – Office
(704) 535-4476 – Fax

FAX COVER SHEET

DATE: 04/30/2021

TO: NC Department of Health and Human Services
FROM: Patsy Y. Camp, Executive Director
SUBJECT: Annual and Compliant Survey April 22
FAX NO.: 919-715-8078
PHONE NO.: 919-855-3795

Message