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Division	of Health Service R	equiation			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL049-160	B, WING		04/22/2021
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	
MIRACL	E HOUSES WINCHES	T	CHESTER ROA IAN, NC 2816		
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 000	INITIAL COMMEN	TS	V 000		1113 W
	An annual and con on April 22, 2021. substantiated (intal	nplaint survey was completed The complaints were			,
	category:	sed for the following service			
		7G .1700: Residential cure for Children or			
V 293	27G .1701 Resider	ntial Tx. Child/Adol - Scope	V 293		†
	children or adolesce free-standing residentensive, active the interventions within shall not be the prime who is not a client of the children	eatment staff secure facility for ents is one that is a ential facility that provides erapeutic treatment and a a system of care approach. It mary residence of an individual of the facility.			
	awake during clien shall be continuous this Section. (c) The population adolescents who had	eans staff are required to be t sleep hours and supervision as set forth in Rule .1704 of served shall be children or ave a primary diagnosis of otional disturbance or			, I
	substance-related co-occurring disord disabilities. These not meet criteria fo (d) The children or require the followin (1) removal f	disorders; and may also have lers including developmental children or adolescents shall r inpatient psychiatric services. r adolescents served shall			
	facjilitate treatment;				
Nivision of H	paffin Service Regulation ORECTOR'S OR PROVI	PER/SUPPLIER REPRESENTATIVES SIG	INATURE	TITLE /	(X6) DATE
7/	also		2 L	xecute Hue	for 4/30/21
TAKE FOR	VI	X// - /	COSS OF	BC711 (	If continuation sheet 1 of 11

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING MHL049-160 04/22/2021 STREET ADURESS, CITY, STATE, ZIY CODE NAME OF PROVIDER OR SUPPLIER 332 WINCHESTER ROAD MIRACLE HOUSES WINCHESTER II TROUTMAN, NC 28166 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V 293 V 293 Continued From page 1 (2)treatment in a staff secure setting. (e) Services shall be designed to: Include individualized supervision and (1) structure of daily living: minimize the occurrence of behaviors (2)related to functional deficits: (3)ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint: assist the child or adolescent in the acquisition of adaptive functioning in self-control. communication, social and recreational skills; and support the child or adolescent in gaining the skills needed to step-down to a less Intensive treatment setting. (f) The residential treatment staff secure facility Miracle Houses established a shall coordinate with other individuals and relationship with the school in order agencies within the child or adolescent's system for MHI to be aware of consumer's of care. 4/22/21 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 This Rule is not met as evidenced by: Based on interview and record review, the facility up on time. Executive has reminded staff failed to coordinate with other agencies. staff when late picking up consumers within the client's system of care for one (client it is mandatory staff notify Executive #1), of three clients surveyed. Director. The Executive will ensure The findings are: that correspondence is established upon admission with all agencies and Review on 4-16-21 and 4-19-21 of client #1 's personnel involved in the system of facility record revealed: care with the consumer. - admitted 2-23-21

Division of Health Service Regulation

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL049-160 04/22/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 332 WINCHESTER ROAD MIRACLE HOUSES WINCHESTER II TROUTMAN, NC 28166 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 293 V 293 Continued From page 2 - 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 - client #1 came to school with no pencil, no paper and no bookbag, 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 bookbag because he was

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. WING MHL049-160 04/22/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 332 WINCHESTER ROAD MIRACLE HOUSES WINCHESTER II TROUTMAN, NC 28166 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 293 V 293 Continued From page 3 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 vou 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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Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL049-160	B. WING		04/22/2021		
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
		332 WINC	HESTER RO	DAD			
MIRACLE	HOUSES WINCHES	TER II TROUTM	AN, NC 281	The second secon			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE		
V 293	Continued From pa	ge 4	V 293				
:	s middle school - when the SRC pick client #1 up, th "shoot, we forgot at shortly." - "we waited ou	he was calling from client #1 ' asked if they were coming to e group home staff said, bout him, we will be there tside until they arrived in 1605 minutes after dismissal to get [client #1]."					
	Children's teacher - the group hom client #1 up from so - 3 days in a row no pencil, paper or - the group hom don't return calls a and times not provide	ne staff have been late picking shool at least 3 times withey sent him to school with bookbag ne staff are not cooperative, and don't answer calls (dates ded) what's best for these kids,					
t and the state of another state of another state of the	was unacceptable - different staff a on different days, de - sometimes the person assigned to their way to work, m sick or have an eme - the discipline a	evealed: ick up a client from school are assigned to pick up clients epending on who is working a schedule changes, and the pick up clients from school on light not be able to if they are ergency action for not picking up a anges from verbal warning, to					
	Interview on 4-21-2	1 with staff #3 revealed:					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DORESS, CITY,	STATE, ZIP CODE		
MIRACL	E HOUSES WINCHES	TI:: 62 II	CHESTER RO AN, NC 281			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DBE COMPL	ETE
V 293 Continued From page 5			V 293		, 1 mm	
	- she had an er running late to work - she was supp school - her cell phone was unable to call - when she arri already been picker - she then went shift - because of th suspended from wo linterview on 4-20-2 revealed: - she knew about from school - she was unaw was late getting pic staff didn't tell me "we know how now, "riding the bus again" - staff who miss terminated - staff #3, "was meeting tomorrow to back" - "you pay peop	nergency 3-26-21 and was  cosed to pick up client #1 from had lost it's charge and she wed at his school, he had d up to the facility to begin her is incident, she was ork  1 with the Director/Licensee but staff #3 not picking client #1 ware of the two other days he ked up, "on the other days, the				
V 296	attention take ca - "It's hard to be paid more not to wo 27G .1704 Residen	, give my kids all your re of business." keep staff when they ' re being ork because of Co-vid."  tial Tx. Child/Adol - Min.	V 296		: : :	
į	Staffing				:	

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING \_ MHL049-160 04/22/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 332 WINCHESTER ROAD MIRACLE HOUSES WINCHESTER II TROUTMAN, NC 28166 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 296 Continued From page 6 V 296 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: two direct care staff shall be present for one, two, three or four children or adolescents; three direct care staff shall be present for five, six, seven or eight children or adolescents; and four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: two direct care staff shall be present and one shall be awake for one through four children or adolescents: two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and three direct care staff shall be present (3)of which two shall be awake and the third may be asloop for nino, ton, alayan or twalva children or adolescents. (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. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL049-100	a wina		04/22/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	The state of the s	
MIRACL	E HOUSES WINCHE	STER II	CHESTER ROA IAN, NC 28166			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION (CROSS-REFERENCE)	DBE COMPLETE	
V 296	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7 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:		V 296		othly 05/01/21 ule 5. ded thin nsure to the off to ng nal or otify e is a	
wision of He	Review on 4-19-21 of client #2 's facility record revealed: - admitted 8-26-20 salth Service Regulation					



## 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