

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MIRACLE HOUSES-SWEARINGAN	STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEARINGTON ROAD CHARLOTTE, NC 28216
--	---

(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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on August 14, 2024. A deficiency was 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 4 and has a current census of 3. The survey sample consisted of audits of 3 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 obtained.</p>	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature] TITLE *Executive Director* (X6) DATE *8/24/24*

STATE FORM 6899 TK6111 If continuation sheet 1 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MIRACLE HOUSES-SWEARINGAN	STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEARINGTON ROAD CHARLOTTE, NC 28216
--	---

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to implement goals and strategies to meet the individual needs of 1 of 3 clients (Client #2). The findings are:</p> <p>Review of Client #2's record revealed: -Admission date of 2/12/24. -17 years old. -Diagnoses of Autism and Mild Intellectual Disability. -Treatment plan dated 7/11/24; when Client #2 is upset, "Staff continue to allow [Client #2] to walk around the front yard or somewhere safe while in the line of sight..." to process his emotions and calm down.</p> <p>Observation on 8/5/24 at 3:20 pm at the facility revealed: -Client #2 walked around in the front yard of the facility. -Staff #2 stood in the front door observing Client #2. -Staff #2 closed the front door and observed Client #2 from the window. -Client #2 walked up the street alone. -Lost site of Client #2 when he walked up the street, around the corner. -Client #2 returned to the facility at 3:48 pm.</p> <p>Interview on 8/5/24 with Client #2 revealed:</p>	V 112	<p>The consumer which has been identified is not the correct consumer in this deficiencies according to consumer she spoke with. The QP informed the surveyor that the consumer which she was referring to was not client #2 and shared that she was referring to consumer [REDACTED] who does not have the reported diagnosis. The Qualified professional completed a debrief meeting with staff to discussion the incident in which occurred while the surveyor was on site. The Qualified professional re-review his crisis plans, person center plan, and thoroughly discusses his diagnose with staff to ensure they understood that contact line of sight cannot include watching him from the facility window. The Qualified Professional reviewed the line of sight policy with the staff emphasizing the importance of proper supervision at all times and required for them to completed the contact line of sight training from [REDACTED] which occurred on August 16, 2024.</p> <p>Miracle Houses, Inc. is committed to the ongoing implementation of the effective contact line of sight to ensure all consumers remain within staff's proximity while They exercise Therapeutic Coping Skills on the premises. Miracle Houses, Inc. will continue to educate and enforce the significance of engaging with the consumers by asking clarifying questions to ensure the Consumer remains in a stable mood and isn't contemplating any AWOL behaviors.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MIRACLE HOUSES-SWEARINGAN	STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEARINGTON ROAD CHARLOTTE, NC 28216
--	---

(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 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> -He was upset, but would not say what he was upset about. -"I'm just walking to cool off. I'm coming back. I'm not leaving." -Felt safe. -Staff treated him with respect. <p>Interview on 8/5/24 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -Client #2 walked around inside and outside when he was upset. -Client #2 would not elope, he would come back. -Client #2's treatment plan included he was allowed to walk around when he was upset. -Knew Client #2 was supposed to be in the line of sight of staff, but did not know he had walked away from the facility. -Claimed she was watching Client #2 from the window. <p>Interview on 8/5/24 with Staff #4 revealed:</p> <ul style="list-style-type: none"> -Staff #2 was watching Client #2. -Client #2 was allowed to walk around outside or somewhere safe with permission from staff. -Client #2 would return to the facility. -"He'll (Client #2) walk around outside but he will not leave (the facility)." -Knew Client #2 was supposed to be in the line of sight of staff. -Thought Staff #2 was watching Client #2 from the window. <p>Interview on 8/6/24 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Client #2's treatment plan included he could walk outside with staff's permission and in the line of sight of staff. -A staff member was supposed to be outside with Client #2. -All staff was aware Client #2 is allowed to walk around in the line of sight of staff. 	V 112	<p>Miracle Houses, Inc. will reassure through ongoing training and implementation each Crisis Plan consumers that have identified the need to engage in "Fresh Air" or Therapeutic Walks the importance of the definition of the AWOL policy as well as staff ensuring all consumers continue to request permission prior to exiting any exit or entrance.</p> <p>According to the Contact Line of Sight Supervision, constant supervision is required to ensure the safety of each Consumer receiving level III residential treatment services. Staff included in the staff/child ratios shall maintain a direct line of sight and visual supervision of children at all times. Children shall be supervised by qualified staff at all times in the facility and in the community.</p> <p>The Qualified Professional will monitor qualified staff to ensure they implement the light of sigh plan, contact line of sight training and treatment plan through unannounced visits, staff meeting discussions, supervisions and daily discussions.</p> <p>Prevention planning with Miracle Houses, Inc. will include ongoing training for all staff to maintain active supervision. Staff will continue actively engaging with the client during line-of-sight supervision. Staff will continue to communicate regularly about the Consumer's status, mainly when a client exhibits escalating behaviors. Which will involve check-ins during the shift to ensure everyone remains aware of changes in the client's condition. Plan for known triggers or high-risk behaviors. If a consumer is more likely to act out, ensure all staff is aware of the Consumer's high-risk behaviors.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MIRACLE HOUSES-SWEARINGAN	STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEARINGTON ROAD CHARLOTTE, NC 28216
--	---

(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 112	Continued From page 3 -Would meet with staff to reiterate clients can not leave the line of sight of staff.	V 112	Qualified Professional will monitor all qualified staff to ensure the consumer is in line of sight at all times through unannounced visits by logging on the monitoring log in the group home two to three times a week and discussions during staff meetings and supervisions to ensure staff understand policy and training.	