

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-287	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/04/2024
NAME OF PROVIDER OR SUPPLIER MIRACLE HOUSES - TWIN AVENUE		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 TWIN AVENUE GASTONIA, NC 28052		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 10/4/24. The complaint was substantiated (intake #NC00221427). 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 4 and has a current census of 4. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) 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> <p>(4) decision-making;</p> <p>(5) interpersonal skills;</p> <p>(6) communication skills; and</p> <p>(7) clinical skills.</p> <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based</p>	V 109		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 109	<p>Continued From page 1</p> <p>employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews 1 of 1 Clinical Director (CD) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Interview on 9/10/24 with the Qualified Professional (QP) revealed: - "...yes, the treatment plan and crisis plan were updated (date unknown)..."</p> <p>Interview on 9/18/24 with the CD revealed: - Title-Clinical director/QP - "I m pretty much over them (Twin Avenue)..." - Duties include: "involved in CFT (Child and Family Team) meetings, complete CCA (Comprehensive Clinical Assessment) to see what needs and recommendations for services, if no assessment get assessment done, involved in any transitioning (assist with care management and helping to find placements)" - Supervising all QPs. - "When they (clients) keep running (Absent</p>	V 109	<p>27G.0203</p> <p>Correction Clinical Director will be enrolled into an 12 week population-specific, competency-based training curriculum designed to promote safety, prevent abuse, and equip human services professionals with the knowledge and skills to respond to the needs of youth in care.</p> <p>Clinical Director will receive training on updating PCPs, CCAs, and Crisis Plans to ensure documents include strategies for navigating challenging behavior including AWOL.</p> <p>Prevention Incidents debriefing will involve using the Crisis Plans to determine if the strategies are effective. The crisis plan will e reviewed after each incident to determine if additional strategies need to be included.</p> <p>Monitoring The Executive Director will receive weekly updates on progress through the competency-based program. If it is determined that the Clinical Director is not in compliance with the expectation, further disciplinary action will follow.</p>	<p>Enrollment begins 11/11/24</p> <p>To be completed by 11/30/24</p>

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V 109	<p>Continued From page 2</p> <p>Without Leave/AWOL), we put in for a higher level of care."</p> <p>"We're trying to put interventions and strategies in the PCP (Person Centered Plan)...still training (staff)..."</p> <p>"...the girls (clients) can be wild, aggressive...very aggressive...when they (clients) are aggressive and wild, you (staff) have to talk with each other...to make sure everyone is safe."</p> <p>"Me, [CD], ultimately I am responsible for making sure the PCPs are updated."</p> <p>Further interview on 9/26/24 with the CD revealed:</p> <p>"If we (facility) are still working towards those goals (goals in the PCP) we still work towards those goals but if we need to add or change a goal we cannot add or change a goal until the legal guardian (LG) signs the signature page saying that they agree to whatever we are changing. We (facility) cannot change that plan unless the guardian is on the CFT meeting that we discussed the plan that's being changed but any strategies or interventions we can change those anytime."</p> <p>"...there is a clinical team, and we all are responsible for making sure the PCPs are updated ..."</p> <p>"...ultimately I am responsible for making sure the PCPs are updated."</p> <p>-The CD failed to update clients' (#1- #4) PCP with goals and strategies to address increasing AWOL and aggressive behavior.</p> <p>Interview on 9/12/24 with the Executive Director(ED)/Licensee revealed:</p> <p>"I'm almost sure the treatment has been updated (with AWOL goal and strategies) ..."</p> <p>"Clinical team said that each girl (client) had an AWOL goal."</p>	V 109		

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V 109	Continued From page 3 -"...Treatment plan is updated once a month." Further interview on 9/12/24 with the ED/Licensee revealed: -"You're right, it's not on the PCP (AWOL goal and strategies) and I've had a blow up (upset with clinical staff that PCPs were not updated) ...it was discussed in CFTs and was written in the notes..."	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112		

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V 112	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies and goals in the client's treatment plan to address the needs of the client affecting 4 of 4 clients (#1-#4). The findings are:</p> <p>Review on 9/5/24 of Client #1's record revealed: -Date of admission 6/21/24. -Age 11 years. -Diagnoses: Bipolar Disorder, Unspecified; Post Traumatic Stress Disorder, Unspecified; Conduct Disorder, Childhood-Onset Type; Autistic Disorder. -Date of assessment 6/13/24, "...history of physical aggression includes hitting, kicking, throwing items, and picking sister up and dropping her..." -Treatment plan dated 7/26/24. -No goals or strategies addressing Client #1's AWOL's (Absent Without Leave), or attempts to walk away from the facility on 7/22/24 ,7/26/24, 8/10/24, 8/31/24, or 9/5/24. - No goals or strategies addressing Client #1's aggressive behaviors on 8/9/24, 8/16/24, 8/24/24, 8/26/24, 8/30/24, and 8/31/24,</p> <p>Interview on 9/20/24 with Client #1 revealed: -"... they (staff) only put me in the restraint because of my behaviors. I was hitting and kicking and spitting on them (staff)...I was acting out and hitting them (staff)..." -"...I have ran (AWOL), but every time I've gotten caught."</p>	V 112	<p>27G .0205</p> <p>Correction:</p> <p>Clinical Director will receive training on updating PCPs, CCAs, and Crisis Plans to ensure documents include strategies for navigating challenging behavior including AWOL.</p> <p>Prevention:</p> <p>Employees will receive crisis intervention and de-escalation training focused specifically on navigating challenging behavior and the intentional use of self.</p> <p>Monitoring:</p> <p>During weekly meetings, Executive Director will ensure goals and strategies are reviewed and in alignment with the behaviors addressed in the PCP.</p>	<p>To be completed by 11/30/24</p> <p>To be completed by 11/30/24</p>

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V 112	<p>Continued From page 5</p> <p>"I didn't run (AWOL) because I didn't feel safe; I just didn't want to be there (at the facility). I wanted to go home. I always came back, the same day. Always. It was always less than 30 minutes when I ran (AWOL). I ran in the woods but they (staff) found me. I'm honestly not scared of the outside world."</p> <p>Attempted interviews on 9/11/24, 9/17/24, 9/20/24, 10/1/24, 10/3/24 with Client #1's Department of Social Services (DSS) Social Worker (SW) were unsuccessful as telephone messages left for client #1's SW were not returned prior to survey exit.</p> <p>Interview on 9/9/24 with Staff #1 revealed: -" ...she loved to AWOL...it's in her PCP (history of AWOL)." -"When they (client #1) AWOL, they never had problems (reason to AWOL), it was their way or no way."</p> <p>Interview 9/12/24 with the Executive Director(ED)/Licensee revealed: -" ...[Client #1] would run in the woods, and we (staff) had to IVC (Involuntary Commitment) her and the police were called ..." -" ...[Client #1] had the most (AWOL's), about seven..."</p> <p>Review on 9/5/24 of Client #2's record revealed: -Date of admission 3/8/24. -Age 13 years. -Date of discharge 9/10/24. -Diagnoses: Intermittent Explosive Disorder, Oppositional Defiant Disorder. -Treatment plan dated 7/1/24. -No goals or strategies addressing Client #2's AWOL's, or attempts to walk away from the facility on 6/9/24, 7/22/24, 8/31/24, and 9/5/24.</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>- No goals or strategies addressing incidents of Client #2' aggressive behaviors on 5/20/24, 6/9/24, 7/22/24, 8/10/24, and 9/5/24.</p> <p>Interview 9/24/24 with Client #2 revealed: -"...we got to go places and do stuff (church, trampoline park) and bad, the way they (staff) were cussing at me and told me I should AWOL...they (staff) told me I should (AWOL), they (staff) didn't want me there...yes, I wanted to be there..." -"I had 9 AWOL's...I was getting mad at them (staff), the way they'd be talking to me...like, I asked if I could go to urgent care and she (unnamed staff) said I had to clean my room first. There was one thing left on the floor (of client's room) and she said I couldn't go to urgent care and I AWOLed ..."</p> <p>Interview 9/25/24 with Client #2's DSS SW revealed: -Newly assigned to work with Client #2 in late to mid-August 2024. -"I have not had enough contact with Miracle House to have any concerns. My first time going to the facility, the client (Client #2) was being taken out in an ambulance ...it was the first time I met her (Client #2), and she had gone AWOL...She (Client #2) went AWOL, and she tends to take a younger client with her. She (Client #2) was taken to the hospital, and they (facility) did an immediate discharge. I had never visited her at the facility (prior to clients AWOL)." -"[Former DSS SW] last saw her (Client #2) on 8/5/25."</p> <p>Attempted interviews on 9/11/24, 9/17/24, 9/20/24, 9/24/24 with the former DSS SW were unsuccessful as telephone and email messages left for the former</p>	V 112		

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V 112	<p>Continued From page 7</p> <p>DSS SW were not returned prior to survey exit.</p> <p>Interview 9/9/24 with Staff #1 revealed: -"She (Client #2) AWOL's because she can't get her way and if it's not her way, it's no way..."</p> <p>Review on 9/5/24 of Client #3's record revealed: -Admission 7/11/24. -Age 11 years. -Diagnoses Disruptive Mood Dysregulation Disorder; Post traumatic Stress Disorder, unspecified; Attention Deficit Hyperactivity Disorder, combined type mild. -Date of assessment 6/28/24, "...displayed behaviors that warranted restraints...continues to display defiance, irritability and agitation..." -Treatment plan dated 7/11/24. -No goals or strategies addressing Client #3's AWOL's, or attempts to walk away from the facility on 7/17/24, 7/19/24, and 8/31/24 or AWOL attempts on 8/9/24, or 8/13/24. -No goals or strategies addressing incidents of Client #3's aggressive behaviors on 7/17/24, 7/19/24, 7/29/24, or 8/13/24.</p> <p>Interview on 9/11/24 with Client #3's DSS SW revealed: -"...She (Client #3) has history of elopement in the past...gets upset when she gets a 'no,' that's what she struggles with...she likes to go for a walk." -"Last treatment team meeting (Child and Family Team (CFT)) I wasn't told she (Client #3) had any elopements, that was on 8/21/24 (the last CFT meeting)...they (facility) said some other of the girls (clients) were talking about doing it (AWOL), they (clients) did (AWOL) but she (Client #3) didn't, she stayed..."</p> <p>Review on 9/5/24 of Client #4's record revealed: -Admission 5/21/24.</p>	V 112		

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V 112	<p>Continued From page 8</p> <p>-Age 11 years.</p> <p>-Diagnoses Post Traumatic Stress Disorder Chronic; Attention Deficit Hyperactivity Disorder, predominately hyperactive type; Disruptive Mood Dysregulation Disorder; Enuresis.</p> <p>-Assessment 5/21/24, " ...foster parents reported that client was having increased anxiety, worry, sadness, low self-esteem, avoidant behaviors, anger, aggression, moodiness, irritability, agitation, hyperactivity, and poor impulse control..."</p> <p>-Treatment plan dated 7/22/24.</p> <p>-No goals or strategies addressing Client #3's AWOL's, or attempts to walk away from the facility on 6/9/24, 7/18/24, 7/26/24, 8/31/24</p> <p>-No goals or strategies addressing incidents of Client #4's aggressive behaviors on 6/9/24, 7/18/24, 7/26/24, 8/30/24.</p> <p>Interview on 9/9/24 with Client #4 revealed:</p> <p>-Client #4 went AWOL, "I think because the other girls (clients) was saying 'run.'"</p> <p>- "They (Clients #1, #2) AWOLed, that's it; and then they (Client #1, #2) had to go to the hospital."</p> <p>- "They (Client #1, #2) were just mad because staff asked them (Client #1, #2) to clean their room ..."</p> <p>- "They've (Clients #1 and #2) been AWOL, this is their 12 th or 13 th time (AWOL) ...it wasn't their (Client #1, #2) 1st time (AWOL)..."</p> <p>- " ...you go to behavioral health (when a client AWOL)...police and ambulance are called for AWOL."</p> <p>Interview on 9/13/24 with Client #4's DSS SW revealed:</p> <p>- "...she (Client #4) tries to run off (AWOL)..."</p> <p>- "They've (staff) taken her (Client #4) to the emergency room on occasion, when she's taken</p>	V 112		

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V 112	<p>Continued From page 9</p> <p>off (AWOL), to have her evaluated but that wasn't anything that wasn't going on before (in previous placements)..."</p> <p>Attempted interview on 9/13/24 with Staff #2 unsuccessful as staff #2's phone was disconnected. Contact made at alternate number, Staff #2 answered the call but reported she was unable to hear, and call dropped. The number was immediately dialed back, however Staff #2 did not pick up the call.</p> <p>Review on 9/6/24 of the Incident Response Improvement System (IRIS) for 5/1/24-9/6/24 revealed:</p> <ul style="list-style-type: none"> -Client #1 had incidents of AWOL (Absent Without Official Leave) on 7/22/24, 7/26/24, 8/10/24, 8/31/24, 9/5/24 and incidents of aggressive behaviors on 8/9/24, 8/16/24, 8/24/24, 8/26/24, 8/30/24, 8/31/24, five of which required therapeutic holds. -Client #2 had incidents of AWOL on 6/9/24, 7/22/24, 8/31/24, 9/5/24 and incidents of aggressive behaviors on 5/20/24, 6/9/24, 7/22/24, 8/10/24, 9/5/24, one of which required a therapeutic hold. -Client #3 had incidents of AWOL on 7/17/24, 7/19/24 and 8/31/24, two AWOL attempts on 8/9/24, 8/13/24, and incidents of aggressive behaviors on 7/17/24, 7/19/24, 7/29/24, 8/13/24, three of which required therapeutic holds. -Client #4 had incidents of AWOL on 6/9/24, 7/18/24, 7/26/24, 8/31/24 and incidents of aggressive behaviors on 6/9/24, 7/18/24, 7/26/24, 8/30/24, two of which required therapeutic holds. <p>Interview on 9/9/24 with Staff #1 revealed:</p> <p>- "When they (clients) AWOL, they never had any problem (no particular issues related to the AWOL), it (clients' attitude) was their (clients) way</p>	V 112		

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V 112	<p>Continued From page 10</p> <p>or no way."</p> <p>Further interview on 9/9/24 with the QP revealed: -" ...they (clients) would whisper (when they were about to go (AWOL) and you (staff) would know they (clients) were up to something ..." -"Every time they (clients) left, we (QP and facility staff) went behind them; I know we weren't supposed to, but we do because we don't want them (clients) to get hurt ...they're (clients) 11 years old, so we (QP and facility staff) get in the car, and we follow (clients) ..." -" ...never know when it (AWOL) would happen, we (QP and facility staff) won't let them (clients) go out by themselves ...you (staff) going right behind them and follow ...you (staff) get tired (of following), but I tell 'em (clients), if you (clients) go AWOL, we (QP and facility staff) going AWOL with you (clients)..." -"We (QP and Staff #1) took them (clients #1-#4) out to [local store] and they (clients) left (AWOL) when we got out of the van...we put the car (van) in park, got out the vehicle and once we got out, [Client #3 and Client #4] ran (AWOL), we caught one, [Client #3] ...this was last month (August 2024) ..." -"[Client #3] and [Client #4] ran (AWOL) together (at the same time) twice..." -"...not sure why they (clients) are running (AWOL)."</p> <p>Interview on 9/18/24 with the Clinical Director/QP revealed: -Supervisor for all QPs, "I have QPs working under me." -QP #2 is the QP for Twin Avenue. -" ...we're trying to put interventions and strategies in the PCP, still training (staff)...talk and keep team involved and get CCA (Comprehensive Clinical Assessment) for higher</p>	V 112		

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NAME OF PROVIDER OR SUPPLIER MIRACLE HOUSES - TWIN AVENUE		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 TWIN AVENUE GASTONIA, NC 28052		
(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 11</p> <p>level of care."</p> <p>"...when they (clients) keep running (AWOL), we (clinical staff) put in for a higher level of care."</p> <p>"No, I don't think elopement had been excessive, not when you think about what we do ..."</p> <p>"... if they are gone for days, then I would do a 10-day health and safety discharge..."</p> <p>"...no one has AWOLed at this house (facility) and stayed overnight..."</p> <p>-Failed to develop and implement goals or strategies to address AWOL behaviors for clients' #1, #2, #3, and #4.</p> <p>-Failed to develop and implement goals or strategies to address incidents of aggressive behaviors for clients #1, #2, #3 and #4.</p> <p>Interview 9/12/24 with the ED/Licensee revealed:</p> <p>"They (Client #2's peers) will do what she (Client #2) told them to do....(Client #2) AWOL maybe two times..."</p> <p>"I'm almost sure the treatment plans has been updated (with AWOL goal or strategies)...maybe not [Client #2s] because she didn't run away, she just would go up the street..."</p> <p>"The treatment plan is updated once a month."</p> <p>"...The Clinical team said that each girl (client) had an AWOL goal."</p> <p>"I'm almost sure the treatment plan has been updated (with AWOL goal or strategies) ..."</p> <p>"...You're right, it's (AWOL goal or strategy is not written in the PCP)...it was discussed in the CFTs and was written in the notes (from CFT meeting)."</p> <p>Review on 10/4/24 of the Plan of Protection signed and dated by ED/Licensee on 10/4/24 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Effective Monday, October 7, 2024, the Lead Qualified Professional and the QPs will contact</p>	V 112		

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V 112	<p>Continued From page 12</p> <p>each guardian to inform them of the revisions that have to be made to the PCPs (person centered plan) goals to reflect current behaviors. The Lead Qualified Professional will also inform the guardian once the updates have been made to the PCP, the QPs will send the guardian a copy to review and sign. The Lead Qualified Professional will revise all consumers PCP goals and crisis plan immediately to target each individual safety. Lead QP will debrief with staff on the current plan to ensure it is implemented with each staff. When the plans have been implemented and revised and we are not meeting their needs, the Lead QP will meet with the Child and Family Team to submit a 30-day discharge notice. All plans will be updated by October 30, 2024.</p> <p>I, [ED/Licensee], Executive Director will oversee this plan to ensure that the plan is implemented."</p> <p>-Describe your plans to make sure the above happens.</p> <p>Lead QP and QPs will review plan (treatment plan) to make sure their (clients) goals are meeting their (clients) current needs.</p> <p>I, [ED/Licensee], Executive Director will oversee this plan to ensure that the plan is implemented."</p> <p>The Facility served clients with diagnosis of Bipolar Disorder, Post Traumatic Stress Disorder, Conduct Disorder, Autistic Disorder, Intermittent Explosive Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, and Enuresis. Between July 2024 and September 2024, Client #1 had five incidents of AWOL or attempts to walk away from the facility and six incidents of aggressive behaviors . Including incidents of leaving the faciliy and walking approximately 2 miles along a main highway,</p>	V 112		

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V 112	Continued From page 13 crossing over a major interstate and ending up at a local 24 hour restaurant. Another incident involved Client #1 crossing two main highways and being located by local police at a local gas station approximately 2 miles from the facility. between August 1 2024 and August 31 2024 which included Client #2 had four incidents of AWOL between June 2024 and September 5th, 2024 and five incidents of aggressive behaviors between May 2024 and September 5, 2024 Client #3 had three incidents of AWOL between July 2024 and August 2024, and four incidents of aggressive behaviors between July 2020 and August 2024. Client #4 had four incidents of AWOL between June 2024 and August 2024 and four incidents of aggressive behaviors between June 2024 and August 2024. Review of treatment plans for client #1, #2, #3, and #4 revealed that there were no goals or strategies developed and implemented to address the AWOL's or attempts to walk away from the facility or the aggressive behaviors displayed by the clients. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the	V 118		

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V 118	<p>Continued From page 14</p> <p>client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews, and observations, the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe drugs and a MAR of all drugs administered to each client was kept current affecting 2 of 4 clients (client #3 and client #4). The findings are:</p> <p>Review on 9/6/24 of client #3's record revealed: Date of admission: 7/11/24. -Age: 11</p>	V 118	<p>27G .0209</p> <p>Correction Medication Management Policy updated and trained to QPs and all staff who administer medications.</p> <p>Employees retrained in Medication Administration with emphaises placed on properly documenting in the MAR.</p> <p>Prevention An emergency medication appointment will be scheduled in 24hrs after a child is discharged from the hospital to ensure all prescriptions have signed physician orders for the MAR.</p> <p>Medication changes found within discharge paperwork will be included with the prescription and MAR to ensure continuity of care.</p> <p>Monitoring House Manager will review MARs weekly. Nurse will review monthly and report to the Executive Director. Any errors identified will be responded to and resolved quickly.</p>	<p>11.5.24</p> <p>11.5.24</p>

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V 118	<p>Continued From page 15</p> <p>-Diagnoses: Disruptive Mood Dysregulation Disorder; Post Traumatic Stress Disorder, unspecified; Attention Deficit Stress Disorder, combined Type, mild.</p> <p>-Physician's orders dated 7/24/24 for Desmopressin Acetate (bed wetting) 0.2mg (milligram), take one tablet by mouth once daily in the morning.</p> <p>-Physician's order dated 9/4/24 for Melatonin 3mg (sleep aid). Take one tablet by mouth everyday by oral route at bedtime.</p> <p>-Physician's order dated 7/11/24 for Polyethylene Glycol 3350 Powder for Solution (constipation). Take 17g (grams) by mouth daily.</p> <p>-No discontinue order for the morning dose of Desmopressin Acetate 0.2mg located in the record.</p> <p>-No discontinue order for the Polyethylene Glycol 3350 Powder Solution in the record.</p> <p>-Review on 9/6/24 of client #3's MARs for July 1, 2024 to September 9, 2024 revealed: Desmopressin Acetate 0.2mg, take one tablet by mouth once daily in the morning documented as administered daily from August 1, 2024 to September 6, 2024. Melatonin 3mg (sleep aid), no dosing instruction on the MAR. Documented as administered September 5, 2024.</p> <p>Review on 9/6/24 of client #3's medication revealed:</p> <p>-No pill pack for the morning dose of the Desmopressin Acetate 0.2mg available.</p> <p>-Polyethylene Glycol 3350 Powder for Solution (constipation) take 17 g (grams) by mouth daily. Medication in the storage container however the medication was not listed on the Mar for August 2024 or September 2024.</p>	V 118		10/07/2024

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V 118	<p>Continued From page 16</p> <p>Review on 9/6/24 of client #4's record revealed: -Date of admission: 5/21/24. -Age: 11. -Diagnoses: Disruptive Mood Dysregulation Disorder; Post Traumatic Stress Disorder; Attention Deficit Stress Disorder, predominately hyperactivity; Enuresis. -Physician's order dated 6/21/24 for Polyethylene Glycol 3350 Powder Solution take 17g by mouth daily. -Physician's order dated 8/21/24 for Polyethylene Glycol 3350 Powder Solution take 17g by mouth daily as needed. -Physician's order dated 5/24/24 for Guanfacine (ADHD) HCL (hydrochloride) ER (extended Release) 2mg tablet. Take one tablet by mouth daily. Physician's order dated 9/4/24 for Guanfacine HCL ER 3mg tablet. Take one tablet by mouth daily.</p> <p>-Review on 9/6/24 of client #4's MARs for June 1, 2024 to September 9, 2024 revealed: -Polyethylene Glycol 3350 Powder Solution administered June 1, 2024 to June 7, 2024, then "medication decreased" written on MAR, (There was no physician's order to decrease the medication found in client #4's record). Administered July 1, 2024 to July 29, 2024 then "medication discontinued" written on MAR (there was no physician's order to discontinue the medication for this date found in the client #4's record). Administered August 1, 2024, documented as refused on August 2, 2024 and August 3, 2024. Administered on August 4, 2024 to August 8, 2024 then documented as refused from August 9, 2024 to August 21, 2024, then documented as changed to PRN on August 21, 2024. -Guanfacine HCL ER dose increased from 2mg</p>	V 118			

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V 118	<p>Continued From page 17</p> <p>to 3mg effective September 4 2024. Documented as both doses (the 2mg dose and the 3mg dose) administered on September 5, 2024.</p> <p>Interview on 9/6/24 with client #3 revealed: -"Yes," she takes meds. -"No," she has not missed any meds that she is aware of.</p> <p>Interview on 9/6/24 with client #4 revealed: -"Yes," she takes meds. -"No," she has not missed any meds that she is aware of.</p> <p>Interview on 9/6/24 with staff #1 revealed: -Client #3's morning dose of Desmopressin Acetate was discontinued. "That's why it's (medication) not here (in the facility).She (client #3) don't take that (Desmopressin Acetate) anymore that was discontinued. She has not taken that for awhile. I'm not sure when it was discontinued. I will have to find the order (physian's order). But she does not take it. I don't know why they are still putting that on the MAR." -Client #3's Polyethylene Glycol 3350 Powder was changed to PRN in July 2024. "I will find the order and get it to you."</p> <p>Interview on 9/6/24 with the QP revealed: -"We (facility) get the order from the doctor whenever we take them (clients) to the doctor. The orders are kept in the office. We keep a copy of the MAR in the office." -Does not know why client #4's Polyethylene Glycol 3350 Powder was documented as refused. "They (clients) really don't be refusing their meds (medications)." -"Staff are responsible for checking the MARs</p>	V 118		

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V 118	Continued From page 18 and the medications. They check them everyday, everyday they are on shift." -"The nurse checks the MARs monthly." Interview on 9/11/24 with the Executive Director revealed: -"We have a nurse, the one that does our medication training. She checks the MARs, I think quarterly. They (staff) send the MARs to the office and she (nurse) comes to the office and checks the MARs and the orders." Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 366	27G .0603 Incident Response Requirements 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; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;	V 366		

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V 366	Continued From page 19 (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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (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. (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: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (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: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;	V 366	27G .0603 Correction Policy for documenting Level 1 incidents updated and trained to all staff. Prevention During the weekly meeting, participants will review Level 1 incidents to determine if the procedures for documenting Level 1 incidents are being followed. The group will determine what existing barriers, if any, prevent the timely documentation of Level 1 incidents. Monitoring A weekly Level 1 incident report will be shared with the Executive Director to determine existing trends and possible strategies to prevent the occurrence of similar Level 1 incidents.	to be complete by 11/11

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V 366	Continued From page 20 (B) gather other information needed; (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 (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 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.	V 366		

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V 366	<p>Continued From page 21</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to implement written policies governing their response to Level I incidents. The findings are:</p> <p>Review on 9/6/24 of the facility's records for June 1, 2024, to September 6, 2024 revealed: -No Level I incident reports for period requested. -No Risk/Cause/Analysis for medication (Polyethylene Glycol 3350 Powder Solution) refusals on 8/1/24, 8/3/24, 8/9/24-8/21/24 for Client #4, medication error Desmopressin Acetate 0.2mg, Melatonin 3mg (sleep aid), and Polyethylene Glycol 3350 Powder Solution for Client #3; Polyethylene Glycol 3350 Powder Solution for Client #4, and AWOL (Absent Without Official Leave) behavior for Client #3, #4 (date unknown).</p> <p>Interview 9/9/24 on with Staff #1 revealed: -"...if there is a refusal of meds, we write 'RF' in the box (on the MAR), we have had them (refusals) in the past, we do incident reports if someone refuses their meds." -"[Qualified Professional (QP)] does incidents reports, we let [QP] know what the incident was."</p> <p>Interview on 9/9/24 and 9/26/24 with the QP revealed: -"Basically, staff members will do the Level 1 (incident reports). It usually be documented in the shift summaries, whoever is on shift (when the incident happens)...If a incident happens on shift they (shift staff) will write it up and send it to us, or they will send it to me. Level 1 incident reports are kept in the office...Level 1 incidents</p>	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-287	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/04/2024
NAME OF PROVIDER OR SUPPLIER MIRACLE HOUSES - TWIN AVENUE		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 TWIN AVENUE GASTONIA, NC 28052		
(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 366	<p>Continued From page 22</p> <p>are kept on a Level 1 incident form."</p> <p>- "No problems with medications, no refusals...we do an automatic incident report and contact Social Worker (SW)."</p> <p>- No documentation for Level 1 medication error for Client #3 and refusal of medication for Client #4.</p> <p>- We (QP and Staff #1) took them (clients) out to [local store] and they (clients) left (AWOL) when we got out of the van...we put the car (van) in park, got out the vehicle and once we got out, [Client #3 and Client #4] ran (AWOL), we caught one (client) [Client #3] ...this was last month (August, date unknown) ..."</p> <p>- "[Client #3 and Client #4] ran together twice..."</p> <p>- No documented Level 1 incident report for AWOL incident involving Client #3 and Client #4.</p> <p>Interview on 9/26/24 with the Clinical Director (CD) revealed:</p> <p>- They (staff at the facility) do their Level 1s, all the houses (facilities) are responsible for their Level 1s."</p> <p>- "...But all QPs (facility QPs) are responsible for doing their Level 1s."</p> <p>- "...really most of the [facility] incidents were Level 2s..."</p> <p>- "We have a Level 1 form, and the Level 1 form is filled out by the QP or house manager because they are on the incident site (at the facility when the incident occurred), they are there when the incident happened. So, once they write it out on the Level 1 form, Level 1s are just on a form. They (facility staff) will either do a shift summary or put it on a Level 1 form. Yes, ma'am, do you need it? Which ones do you need? We are going to have to get them from [facility]."</p> <p>- "Let me go back and look, ...it wasn't very many...it was only maybe about one from [Client #2]...every time [Client #2] ran (AWOL) it was a</p>	V 366		

Division of Health Service Regulation

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V 366	Continued From page 23 Level 2." Interview on 9/26/24 with the Executive Director (Licensee) revealed: -For Level 1 incidents..."it usually be the person that's on shift for the Level 1s. Whoever is on shift. It usually be them when they will put it on a Level 1 incident form." -We have given you all the incidents...I made sure. I went through that yesterday (9/25/24) to make sure. And the reason why she (CD) gets the incidents she (CD) makes sure that all the incidents get in. So are we having a problem, is there an incident that we are missing? Or what? Because most of the incidents that are documented...even if it's on a shift summary (documented)." -Facility failed to attend to the needs of individuals involved in the incident, failed to determine the cause and failed to develop and implement corrective measures within a 45 day time frame. -Failed to assign person(s) to be responsible for implementing corrections and preventive measures.	V 366		