

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 R-C 02/07/2025
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 000	<p>INITIAL COMMENTS</p> <p>A complaint and limited follow up survey for the Type B was completed on 2/7/25. The complaint was unsubstantiated (Intake #NC00224690). This was a limited follow up survey, only 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) were reviewed for compliance. 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 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</p>	V 112		

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: MHL036-287	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 02/07/2025
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 1</p> <p>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.</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 1 of 4 clients (Client #3). The findings are:</p> <p>Review on 1/6/25 of Client #3's record revealed: -15 years of age. -Admitted on 10/16/24. -Diagnoses of Major Depressive Disorder (MDD), Recurrent, Moderate; Post-Traumatic Stress Disorder (PTSD); Oppositional Defiant Disorder (ODD); Nicotine Dependence. -Consumer Face Sheet dated 10/16/24, "Assessment and Background: ...She (Client #3) has been diagnosed with ...GAD (Generalized Anxiety Disorder), ...DMDD (Disruptive Mood Dysregulation Disorder), and Cannabis use d/o (disorder)...acting out in her group home by...vaping, using marijuana...She does admit to daily nicotine use and episodic alcohol and marijuana use..." -Person Centered Plan (PCP) update 11/12/24, "...she (Client #3) has brought in a vape (vape</p>	V 112			

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 R-C 02/07/2025
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 2</p> <p>pen) within the group home and has received consequence for her behavior...Staff will continue to search her coming and going within the group home setting."</p> <p>-Person Centered Plan (PCP) update 12/17/24, "On December 14th [Client #3] was caught with a vape pen during search and procedure protocol. However, it (finding vape pen) prompted staff to proceed with the search in her room. Staff found another vape pen..."</p> <p>-No goals or strategies to address Client #3's use of vape (vape pen).</p> <p>Interview on 1/7/25 with Client #3 revealed:</p> <p>- "The vape (vape pen) got confiscated, staff took it, I don't remember which staff, I was at store with staff (unknown)."</p> <p>- "Had vape (vape pen) (at facility in her bedroom) for a day or two (during week prior to 11/24/24 incident), got it from someone at my school..."</p> <p>- "It's tiny (vape pen) and I put it underneath my boob and it was not found during search (after school)..."</p> <p>- "Was smoking in my room, it (vape pen) don't smell, puts out a little smoke but I do it (smoke) to where I hold it in (inhale) long enough that the smoke doesn't come out a lot."</p> <p>- "Weed (marijuana) was in the vape (vape pen), I got it from school it was a [vape pen brand name]."</p> <p>- "I was drug tested and just started taking drug classes, was tested about 2 weeks after incident (11/24/24)."</p> <p>- "Got on restriction 3 days."</p> <p>- Restriction for 3 days was "stay in your room hour in hour out, can't watch TV (television)."</p> <p>- "[Client #2] told them (staff) I had the vape (vape pen), they searched my room and I was there, it (vape pen) was underneath my pillow and they took it, 3 staff (didn't recall what staff) were</p>	V 112		

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 R-C 02/07/2025
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 3</p> <p>present that night (11/24/24)."</p> <p>"Don't know if I'll be tested as part of drug classes."</p> <p>Interview on 1/7/25 with Client #2 revealed:</p> <p>"I knew she (Client #3) had it (vape pen), because she told me she was high one day."</p> <p>"The weed (marijuana) pen (vape pen) was confiscated, they (unknown staff) said 'we're taking this (vape pen)'...don't remember what staff took it."</p> <p>"Don't know how [Client #3] got the weed (marijuana) pen (vape pen)."</p> <p>Interview on 1/13/25 with Client #4 revealed:</p> <p>"[Client #3] got (confiscating) caught with the vape (vape pen), got caught with it twice; got caught at the Christmas Party (2024) and one time on Christmas Day (2024)."</p> <p>"I've seen them (vape pens) and [Staff #3] takes, gets them all the time...[Client #3] and another girl (client) at another group home (get vape pens)... [Staff #3] searched her (Client #3) and an old worker with blonde hair (former staff, name unknown) took it (vape pen); can't remember who other staff is, she got fired."</p> <p>Interview on 1/7/25 with Staff #1 revealed:</p> <p>"...we never confiscated it (vape pen), we searched (11/24/24), never had that situation (having vape pen) with [Client #3]..."</p> <p>"[Client #3] was trying to get a job, was trying to stay on straight and narrow and not get in trouble ...she was doing more independent living ...she had her own thing going on, don't think she was trying to mess up by smoking a vape pen..."</p> <p>Interview on 1/7/25 and 1/13/25 with Staff #3 revealed:</p> <p>"Never found vape (vape pen) in the house</p>	V 112			

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 R-C 02/07/2025
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 4</p> <p>(facility)."</p> <p>"Never got vape (vape pen) from [Client #3] at Christmas party; I haven't got anything from none of these girls (client), never confiscated a vape (vape pen) or found a vape (vape pen)."</p> <p>Interview on 1/14/25 with the Legal Guardian for Client #3 revealed:</p> <p>-Was aware of the incident with the 11/24/24 incident.</p> <p>"They (staff) called me and told me that they found a weed (marijuana) pen (vape pen). I can't remember who (staff) called. I just remember that they called me and said that there had been an incident and that they had searched [Client #3]'s room and found the weed (marijuana) pen (vape pen)."</p> <p>Interview on 1/7/25 with the Qualified Professional #2 (QP #2) revealed:</p> <p>"Staff reported (11/24/24) they didn't find anything (vape pen)."</p> <p>"She (Client #3) goes to public school...has started virtual substance abuse classes; had problem with substances prior to her admission (October 2024); substance abuse classes doesn't take [local management entity] so we have to find her another substance abuse class."</p> <p>"She (Client #3) never admitted to me that she had a vape pen."</p> <p>"We search her room, personal items, pat them down ...shake their bra, pat them down."</p> <p>"...there were no updates made to the plan (treatment plan)."</p> <p>Interview on 1/13/25 with the QP #1 revealed:</p> <p>-Had responsibility of updating goals and strategies on clients' treatment plans.</p> <p>-Denied awareness that Client #3 used a vape pen in the facility..."staff (including QP #2) was</p>	V 112		

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 R-C 02/07/2025
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 5</p> <p>not aware of vape pen."</p> <p>-She (Client #3) had an assessment with [local behavioral health provider], 12/30/24 went back on 1/3/25 completed assessment and was approved for an appointment but the program was not approved for [insurance through local management entity]; they didn't do a urine drug screen at [local behavioral health provider] ...I can get you a copy of that assessment."</p> <p>-Failed to develop and implement goals or strategies to address Client #3's vaping.</p> <p>Failed to produce assessment completed by local behavioral health provider prior to survey exit.</p> <p>Further interview on 1/16/25 with the QP #1 revealed:</p> <p>-PCP goals and strategies are developed to address current behavior.</p> <p>-At admission Client #3 was not using marijuana and vaping.</p> <p>-Was unaware of any vape pens being found in the facility.</p> <p>-Was not aware that information of Client #3 having a vape on at least 2 occasions was updated in Client #3's PCP plan.</p> <p>-When she was directed to Client #3's PCP and the updated notes of vaping in the PCP, stated she was "made aware of the vapes (vape pens)" being found in the facility in the Child and Family Team meetings on 11/12/24 and 12/17/24 and added notes in the PCP update.</p> <p>-She learned of the vape pens being found in the facility "that day" (11/12/24 and 12/17/24).</p> <p>-Was not aware the treatment plan needed goals and strategies to address Client #3's vaping.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		

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 R-C 02/07/2025
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	Continued From page 6	V 366		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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.</p> <p>(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</p>	V 366		

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 R-C 02/07/2025
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	Continued From page 7 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; (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	V 366		

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 R-C 02/07/2025
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 8</p> <p>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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</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 1/6/25 of Client #3's record revealed: -15 years of age. -Admitted on 10/16/24. Diagnoses of Major Depressive Disorder, Recurrent, Moderate; Post-Traumatic Stress Disorder; Oppositional Defiant Disorder; Nicotine Dependence. -Person Centered Plan (PCP) update 11/12/24 "...she has brought in a vape (vape pen) within the group home (facility) and has received</p>	V 366		

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 R-C 02/07/2025
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 9</p> <p>consequence for her behavior...Staff will continue to search her coming and going within the group home setting."</p> <p>-PCP update 12/17/24 "On December 14th [Client #3] was caught with a vape pen during search and procedure protocol. However, it prompted staff to proceed with the search in her room. Staff found another vape pen..."</p> <p>Review on 1/7/25 of the facility's incident reports from 11/1/24 to 1/7/25 revealed:</p> <p>-No documentation of a search conducted on 11/24/24 of Client #2 and Client #3's rooms.</p> <p>-No documentation of an incident referenced in Client #3's PCP update (11/12/24) noting Client #3 "brought in a vape (vape pen) within the group home...and received consequences for her behavior (vaping)."</p> <p>-No documentation of an incident referenced in Client #3's PCP update (12/17/24) noting Client #3 "was caught with a vape pen during search and procedure protocol..." During the search "staff found another vape pen..."</p> <p>-No documentation of daily searches for contraband when clients arrived in the facility after school.</p> <p>-No Risk/Cause/Analysis for the above incidents.</p> <p>Interview on 1/13/25 with Client #1 revealed:</p> <p>-"My room was never searched; I was searched (for contraband) coming from school (daily) ..."</p> <p>Interview on 1/7/25 with Client #2 revealed:</p> <p>-"Oh my god this weed (marijuana) thing (referring to 11/24/24 incident); I just took it (vape pen from Client #3's room) and smoked it, got it from my sisters room, my sister lives here also; not birth sister, were just close, [Client #3]."</p> <p>-"The weed (marijuana) pen was confiscated, they (unknown staff) said 'we're taking this (vape</p>	V 366		

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 R-C 02/07/2025
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 10</p> <p>pen)'...don't remember what staff took it."</p> <p>Interview on 1/7/25 with Client #3 revealed: -"[Client #2] told them (unknown staff) I had the vape (vape pen), they searched my room and I was there. It (vape pen) was underneath my pillow and they took it; 3 staff (did not remember which staff) were present that night (11/24/24)." -"It's (vape pen) tiny and I put it underneath my boob and it was not found during search (daily search)." -"The vape (vape pen) got confiscated; staff took it. I don't remember which staff, I was at the store with staff (unknown)."</p> <p>Interview on 1/7/25 with Staff #1 revealed: -Facility clients are checked daily (for contraband) when they come in (the facility) from school. -Had done daily after school searches with clients. -"I search (for contraband) when they (clients) come home from school (daily); before they go in their room they hand over bags (book bags). I search bodies under bra, under waist, shoes, socks, hoodies; just to make sure they're not bringing anything in ...a pat down, they're not exposed. I don't touch private areas. I pull their bra outward so if anything is there it will fall out; take my fingertips and go around their waist, check pockets, check sole of shoes, check in socks, they take hoodie off, everything comes out of their book bags." -"Person (staff) on 2nd shift does that check (after school)." -On 11/24/24, "I checked bedding window sills, drawers, took everything out of drawers, pulled out drawers ...any little containers, personal belongings ...I searched the whole house." -"Search of the room (client bedroom) is conducted by 2 staff."</p>	V 366		

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 R-C 02/07/2025
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 11</p> <p>-"[Associate Professional (AP)] and myself searched, but [Staff #2] was alongside of us because she was a little new (newly hired) ..."</p> <p>-Had done searches of rooms with and without clients being present..."depends on circumstances."</p> <p>-Did not have documentation of daily after school searches.</p> <p>Interview on 1/7/25 with Staff #3 revealed:</p> <p>-Was aware of daily after school searches with clients and had performed them.</p> <p>-Clients are checked daily (for contraband) when they come in (the facility) from school.</p> <p>-"She (Client #2) had gone to school that day (11/24/24), I went through her belongings (book bag, personal and other school items) after school."</p> <p>-Did not have documentation of daily after school searches.</p> <p>Interview on 1/7/25 with the AP revealed:</p> <p>-"We (AP) did an incident (report)."</p> <p>-No incident report was completed documenting the search of Client #2 and Client #3's bedrooms on 11/24/24 for the vape pen.</p> <p>Interview on 1/7/25 with the Qualified Professional #2 (QP #2) revealed:</p> <p>-No incident reports of the search was completed.</p> <p>-"If we (QP and facility staff) found a weed (marijuana) pen (vape pen), we fill out search and seizure form ...nothing was found so the form was not filled out."</p> <p>Interview on 1/7/25 and 1/16/25 with the QP #1 revealed:</p> <p>-"Once they (staff) find or have knowledge of contraband in facility they do the search (of the client's room) with the consumer present, we</p>	V 366		

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 R-C 02/07/2025
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	Continued From page 12 have a log, they (staff) fill out the log, [AP] filled out the form (log); we are doing the search and procedure form, and we keep up a log if there are further incidents." -Failed to produce documentation that facility staff completed logs or forms for searches. Interview on 1/13/25 with the Licensee revealed: -"They (clients) are searched (for contraband) coming in from school (daily)...there is a search consent signed at admission." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 366		
V 503	27D .0103 Client Rights - Search And Seizure Policy 10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY (a) Each client shall be free from unwarranted invasion of privacy. (b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client. (c) Every search or seizure shall be documented. Documentation shall include: (1) scope of search; (2) reason for search; (3) procedures followed in the search; (4) a description of any property seized; and (5) an account of the disposition of seized property.	V 503		

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 R-C 02/07/2025
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 503	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure every search or seizure was documented as required. The findings are:</p> <p>Review on 1/6/25 of Client #2's record revealed: -14 years of age. -Admitted on 12/13/24. -Diagnoses of Post-Traumatic Stress Disorder; Major Depressive Disorder, Recurrent, Moderate; Attention Deficit Hyperactivity Disorder. -No documentation that daily searches were an approved part of the treatment plan.</p> <p>Review on 1/6/25 of Client #3's record revealed: -15 years of age. -Admitted on 10/16/24. Diagnoses of Major Depressive Disorder, Recurrent, Moderate; Post-Traumatic Stress Disorder; Oppositional Defiant Disorder; Nicotine Dependence. -Person Centered Plan (PCP) update dated 11/12/24 noted "...she has brought in a vape (vape pen) within the group home (facility) and has received consequence for her behavior...Staff will continue to search her coming and going within the group home setting." -Person Centered Plan (PCP) update dated 12/17/24 noted "On December 14th [Client #3] was caught with a vape pen during search and procedure protocol. However, it prompted staff to proceed with the search in her room. Staff found another vape pen..." -No documentation that daily searches were an approved part of the treatment plan.</p> <p>Interview on 1/13/25 with Client #1 revealed: -"My room was never searched; I was searched (for contraband) coming from school (daily) ..." -"I was informed before (search) and did not have</p>	V 503		

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 R-C 02/07/2025
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 503	<p>Continued From page 14</p> <p>problems being searched."</p> <p>Interview on 1/7/25 with Client #2 revealed: -"The weed (marijuana) pen was confiscated, they (unknown staff) said 'we're taking this (vape pen)'...don't remember what staff took it." -"Don't know how [Client #3] got the weed (marijuana) pen (vape pen)."</p> <p>Interview on 1/7/25 with Client #3 revealed: -"[Client #2] told them (unknown staff) I had the vape (vape pen), they searched my room and I was there." -"It (vape pen) was underneath my pillow and they took it; 3 staff (did not remember which staff) were present that night (11/24/24)." -"It's (vape pen) tiny and I put it underneath my boob and it was not found during search (daily search)." -"The vape (vape pen) got confiscated; staff took it. I don't remember which staff, I was at the store with staff (unknown)."</p> <p>Interview on 1/7/25 with Staff #1 revealed: -"Was aware of daily after school searches with clients and had performed them. -"I search (for contraband) when they (clients) come home from school (daily); before they go in their room they hand over bags (book bags). I search bodies under bra, under waist, shoes, socks, hoodies; just to make sure they're not bringing anything in ...a pat down, they're not exposed. I don't touch private areas. I pull their bra outward so if anything is there it will fall out; take my fingertips and go around their waist, check pockets, check sole of shoes, check in socks, they take hoodie off, everything comes out of their book bags." -"Person (staff) on 2nd shift does that check (after school)."</p>	V 503		

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 R-C 02/07/2025
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 503	<p>Continued From page 15</p> <p>-On 11/24/24, "I checked bedding window sills, drawers, took everything out of drawers, pulled out drawers ...any little containers, personal belongings ...I searched the whole house."</p> <p>-"Search of the room (client bedroom) is conducted by 2 staff."</p> <p>-"[Associate Professional (AP)] and myself searched, but [Staff #2] was alongside of us because she was a little new (newly hired) ..."</p> <p>-Had done searches of rooms with and without clients being present..."depends on circumstances."</p> <p>-Did not have documentation of daily after school searches.</p> <p>Interview on 1/7/25 with Staff #3 revealed:</p> <p>-Was aware of daily after school searches with clients and had performed them.</p> <p>-Clients are checked daily (for contraband) when they come in (the facility) from school.</p> <p>-"She (Client #2) had gone to school that day (11/24/24), I went through her belongings (book bag, personal and other school items) after school."</p> <p>-Did not have documentation of daily after school searches.</p> <p>Interview on 1/7/25 with the APrevealed:</p> <p>-"We did a thorough search (11/24/24) and there was no vape (vape pen) located. I checked the other girls' (clients) rooms (bedroom), there was no vape (vape pen) in the facility."</p> <p>-"There were 3 staff present the night of the incident (11/24/24), sorry 4 ...me, [Staff #2], [Staff #1] ...[Staff #3] was here earlier in that day."</p> <p>-Was aware of daily after school searches with clients and had performed them.</p> <p>-Did not document daily after school searches she performed with clients.</p>	V 503		

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 R-C 02/07/2025
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 503	<p>Continued From page 16</p> <p>Interview on 1/7/25 with the Qualified Professional #2 (QP #2) revealed:</p> <ul style="list-style-type: none"> - "We search room, personal items, pat them (clients) down...shake their bra, pat them down." - Did not document search if no contraband was seized as a result of a search. - "If we found a weed (marijuana) pen (vape pen) (11/24/24), we fill out search and seizure form...nothing was found so the form was not filled out." - Was aware of daily after school searches with clients and had performed them. - Did not document daily after school searches she performed with clients. <p>Interview on 1/13/25 with the QP #1 revealed:</p> <ul style="list-style-type: none"> - "Once they (staff) find or have knowledge of contraband in facility they do the search with the consumer present, we have a log, they fill out the log...we are doing the search and procedure form, and we keep up a log if there are further incidents." - Was aware of daily after school searches with clients. - Failed to produce documentation for facility staff's daily searches with clients. - Was not aware documentation for approved search and seizures needed to be in the treatment plan. <p>Interview on 1/13/25 with the Licensee revealed:</p> <ul style="list-style-type: none"> - "They (clients) are searched (for contraband) coming in from school (daily)...there is a search consent signed at admission." 	V 503		