

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601430</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/05/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSES KERRYBROOK CIRCLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7827 KERRYBROOK CIRCLE CHARLOTTE, NC 28214</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey were completed on 2-5-25. Two complaints were substantiated (NC00224177 and NC00224160) and three were unsubstantiated (NC00224668, NC00224995, and NC00226373). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of 4 current clients and 2 former clients.</p>	V 000		
V 318	<p><b>130 .0102 HCPR - 24 Hour Reporting</b></p> <p>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL</p> <p>The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p> <p>This Rule is not met as evidenced by:</p>	V 318	<p>Corrective Actions Taken:</p> <p>Formation of Compliance Team:</p> <ul style="list-style-type: none"> <li>- The Executive Director of Miracle Houses will continue to report within 24 hours of learning about allegations</li> <li>- Miracle Houses, Inc. has established a Compliance Team responsible for overseeing all allegations of abuse or neglect involving staff members. The Lead Team Member is the Executive Coordinator [EC] [REDACTED]</li> <li>- The EC will lead this team as it conducts investigations and report allegations to the Health Care Personnel Registry (HCPR) within 24 hours of learning about them.</li> <li>- Daily Monitoring &amp; Leadership Oversight: The Executive Coordinator who reports directly to the Executive Director will hold daily conference calls to monitor ongoing any allegations, incident reports and ensure compliance with reporting time lines. This real-time review process will ensure that no incidents go unreported or are delayed in submission.</li> <li>- Completion Deadline: Implemented and ongoing</li> </ul>	2/15/25

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

*[Signature]*  
STATE FORM

TITLE

(X6) DATE

*Executive Coordinator* *2/13/25*

6899

M0CV11

If continuation sheet 1 of 9

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V 318	<p>Continued From page 1</p> <p>Based on record review and interviews the facility failed to ensure that all allegations of abuse or neglect were submitted to the Health Care Personnel Registry (HCPR) within 24 hours of learning of the allegation. The findings are:</p> <p>Record review on 12-27-24 of the facility Internal Investigation dated 11-4-24 and signed by the Executive Director for the incident on 10-30-24 revealed:</p> <ul style="list-style-type: none"> <li>-Facility discovered the incident on 10-30-24 when Former Client #1 was attacked and "strangled" by Client #5.</li> <li>-At that time, the Qualified Professional stated she was not aware of any altercation between the two clients.</li> <li>-Facility received notice from Former Client #1's guardian the Former Client #1 would be leaving the facility immediately (10-30-24).</li> </ul> <p>Review on 12-27-24 of the North Carolina Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>-"DHHS (CSCR review) : 11-1-24 "Incident reviewed. 1. Please conduct and attach the internal investigation upon completion. 2. Please complete the HCPR Facility Allegation Section in it's entirety and detail strategies that will be implement to prevent incidents of a similar nature from occurring..."</li> <li>-Originally submitted 11-1-24.</li> <li>-IRIS report for the 10-30-24 incident last submitted on 11-5-24.</li> </ul> <p>Interview on 2-6-25 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-They did not know about the allegation until 10-31-24.</li> </ul>	V 318	1	

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V 366	Continued From page 2	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		

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V 366	Continued From page 3  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		

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V 366	<p>Continued From page 4</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 review and interview the facility failed to implement written policies governing their response to all Level I, II, or III incidents. The findings are:</p> <p>Record review on 12-27-24 of the facility Internal Investigation dated 11-4-24 and signed by the Executive Director for the incident on 10-30-24 revealed:</p> <p>-Facility discovered the incident on 10-30-24 when Former Client #1 was attacked and "strangled" by Client #5.</p> <p>-At that time, the Qualified Professional stated she was not aware of any altercation between the two clients.</p>	V 366	<p>Corrective Measures:</p> <ul style="list-style-type: none"> <li>- Staff Training: All staff members did undergo mandatory training on incident response procedures, including:</li> <li>- Immediate actions following an incident to ensure health and safety</li> <li>- Proper documentation and reporting procedures</li> <li>- Establishing an internal review team for all level incidents</li> <li>- Notifying the appropriate agencies and stakeholders</li> <li>- Ensuring confidentiality in compliance with legal requirements</li> <li>- Responsible Person: Executive Coordinator</li> <li>- Incident Documentation and Response Implementation:</li> <li>- Ensure that all incidents are documented immediately and that the client's record is secured</li> <li>- Convene the internal review team within 24 hours for any Level III incident, ensuring team members are not directly involved in the incident.</li> <li>- Responsible Person: Executive Coordinator</li> <li>- Time frame for Implementation: Immediate and ongoing</li> </ul>	2/15/25	

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V 366	Continued From page 5  -Facility received notice from Former Client #1's guardian the Former Client #1 would be leaving the facility immediately.  Review on 12-27-24 of the North Carolina Incident Response Improvement System (IRIS) revealed: -DHHS (CSCR review) : 11-1-24 "Incident reviewed. 1. Please conduct and attach the internal investigation upon completion. -Originally submitted 11-1-24. -IRIS report for the 10-30-24 incident last submitted on 11-5-24.  Interview on 2-5-25 with the Executive Director revealed: -They didn't know about the incident until 10-31-24 and they started the investigation then. -They put everything in IRIS at that time.	V 366		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following	V 367		

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V 367	Continued From page 6  information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death	V 367		



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V 367	<p>Continued From page 7</p> <p>immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that all incidents were reported to the Local Management Entity within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 1-13-25 of the North Carolina Incident Response Improvement System revealed:</p>	V 367	<p>Incident Documentation &amp; Response Implementation:</p> <p>A Compliance Team has been formed. This Team has undergone mandatory training on incident response and reporting procedures, including:</p> <ul style="list-style-type: none"> <li>- Immediate actions following an incident to ensure health and safety</li> <li>- Proper documentation and reporting procedures</li> <li>- Internal review steps</li> <li>- Notifying the appropriate agencies and stakeholders</li> <li>- Ensuring confidentiality in compliance with legal requirements</li> <li>- Submitting reports to LME within 72 hours/ IRIS</li> </ul> <p>Responsible Person(s): Executive Coordinator</p> <p>This will be monitored daily on Leadership Team Meetings</p>	2/15/25	



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V 367	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>-Incident dated 12-7-24 for Client #5 had no incident information included.</li> <li>-Incident dated 12-14-24 for Client #5 had no incident information included.</li> <li>-Incident dated 12-18-24 for Client #5 had not incident information included.</li> </ul> <p>Interview on 2-4-25 with Qualified Professional #1 revealed:</p> <ul style="list-style-type: none"> <li>-It is her job to enter the IRIS reports.</li> <li>-She had been sick last week and had not entered information for the latest incidents.</li> </ul> <p>Interview on 2-5-25 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-She would get the situation corrected and make sure that going forward, all the IRIS reports would have complete information included.</li> </ul>	V 367			