

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2025
NAME OF PROVIDER OR SUPPLIER MIRACLE HAVEN OF WAGRAM		STREET ADDRESS, CITY, STATE, ZIP CODE 21701 BUNDY STREET WAGRAM, NC 28396		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on August 15, 2025. The complaints were substantiated (Intake #NC00232947 and #NC00232846). 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 and .5100 Community Respite Services for Individuals of all Disability Groups (Day).</p> <p>This facility is licensed for 4 and has a current census of 1. The survey sample consisted of audits of 1 current client and 1 former client.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <p>(1) the client's presenting problem;</p> <p>(2) the client's needs and strengths;</p> <p>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p>	V 111		

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

TITLE

(X6) DATE

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V 111	<p>Continued From page 1</p> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an assessment was completed for 1 of 1 current clients (#1). The findings are:</p> <p>Review on 08/13/25 of client #1's record revealed: -Admission date of 07/07/25. -Diagnoses of Oppositional Defiant Disorder. -No evidence of an admission assessment to the facility.</p> <p>Interview on 08/13/25 client #1 revealed: -She had lived at the facility since July 8th. -Her main behavioral issue was smoking marijuana.</p> <p>During interview on 08/13/25 the Qualified Professional revealed: -She had not completed an admission assessment for client #1.</p>	V 111		

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V 114	Continued From page 2	V 114		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 08/13/25 of facility records from July 2024-July 2025 revealed: - No disaster drills had been documented as being completed for the year.</p> <p>Interview on 08/13/25 client #1 stated she had completed fire and disaster drills at the facility.</p>	V 114		

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V 114	Continued From page 3 Interview on 08/13/25 staff #1 revealed fire and disaster drills had been completed at the facility. Interview on 08/13/25 staff #2 revealed fire and disaster drills had been completed at the facility. The staff were documenting on the fire drill worksheet. Interview on 08/13/25 staff #3 revealed fire and disaster drills had been completed at the facility. -Interview on 08/13/25 the Qualified Professional revealed: - The staff had documented the drills on the wrong worksheet.	V 114		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall	V 293		

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STATE FORM

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V 293	<p>Continued From page 5</p> <p>Review on 08/13/25 of FC #2's record revealed: -13 year old. -Admission date of 06/10/25. -Discharge date of 07/22/25. -Diagnoses of Major Depressive Disorder, Reaction to Severe Stress, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder and Pre-diabetic.</p> <p>Review on 08/15/25 of 2 text messages sent by FC #2's guardian to the Qualified Professional (QP) revealed: 07/08/25 -"Friendly reminder for [FC #2] endocrinology appt (appointment). [Facility] Tuesday July 15 w/ (with) [Provider]..." 07/14/25 -"[FC #2] we look forward to seeing you at your appt tomorrow, Tuesday July 15 w/ [Provider]..."</p> <p>During interview on 08/15/25 FC #2's guardian revealed: -The QP was informed that FC #2 was a pre-diabetic. -She sent text messages to the QP reminding of FC #2's appointment. -FC #2 did not make the appointment because no one from the facility took her to the appointment. -She called the doctors office and they could not see FC #2 until October 2025.</p> <p>During interview on 08/13/25 the QP revealed: -FC #2 was pre-diabetic. -She was not aware that FC #2 was seeing an endocrinologist. -She was not aware of any appointments for FC #2 with an endocrinologist. -FC #2 was not on any diabetic medication.</p>	V 293		

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V 296	Continued From page 6	V 296		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p>	V 296		

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V 296	<p>Continued From page 7</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 2 direct care staff were present for 1 of 1 current clients (#1) The findings are:</p> <p>Review on 08/13/25 of client #1's record revealed: -Admission date of 07/07/25. -Diagnosis of Oppositional Defiant Disorder</p> <p>Observation on 08/13/25 at approximately 11:45am upon arrival to the facility revealed: -Staff #1 was present in the facility with client #1. -No other staff were present. -Staff #2 arrived to the facility at 12:08pm.</p> <p>During interview on 08/13/25 client #1 revealed: -When she was first admitted to the facility it was always two staff because another client was in the home. -Sometimes the facility has one staff and other times it will have two staff depending on what is happening that day. -The facility "usually" only had one staff at night because no problems occurred on 3rd shift.</p>	V 296		

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V 296	Continued From page 8 During interview on 08/13/25 staff #1 revealed: -She worked all shifts at the facility. -Two staff work each shift. -The other staff that was working with her that morning had gone to the store to get a mop. During interview on 08/13/25 staff #2 revealed: -She worked all shifts. -Two staff are always on shift in the home. -She had stepped out for a few minutes before surveyor had arrived to the facility to run an errand. During interview on 08/13/25 staff #3 revealed: -She had worked at the facility for 3 years. -She worked all shifts. -Two staff work each shift at the facility. During interview on 08/15/25 the Qualified Professional revealed: -Two staff work each shift at the facility. -She would ensure the correct staff coverage if a staff needs to leave the facility while on shift.	V 296		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and	V 536		

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V 536	Continued From page 9 other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for	V 536		

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V 536	Continued From page 10 escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:	V 536		

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V 536	Continued From page 11 (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

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V 536	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure three of three staff (#1, #2 and #3) received annual training in alternatives to restrictive interventions. The findings are:</p> <p>Review on 08/13/25 of staff #1's record revealed: -Date of hire: 03/28/25. -No Nonviolent Crisis Intervention (NCI) training in the record.</p> <p>Review on 08/13/25 of staff #2's record revealed: -Date of hire: 06/30/23. -No NCI training in the record.</p> <p>Review on 08/13/25 of staff #3's record revealed: -Date of hire: 07/11/19. -No NCI training in the record.</p> <p>During interview on 08/13/25 staff #1 revealed: -She had received the NCI training.</p> <p>During interview on 08/13/25 staff #2 revealed: -She had received the NCI training.</p> <p>During interview on 08/13/25 staff #3 revealed: -She had received the NCI training.</p> <p>During interview on 08/13/25 the Qualified Professional revealed: -All the staff had been trained with NCI. -The instructor was out of town and she was unable to get the certificates.</p>	V 536		

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V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p>	V 537		

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V 537	Continued From page 14 (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2025
NAME OF PROVIDER OR SUPPLIER MIRACLE HAVEN OF WAGRAM		STREET ADDRESS, CITY, STATE, ZIP CODE 21701 BUNDY STREET WAGRAM, NC 28396		
(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 537	<p>Continued From page 15</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p>	V 537		

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V 537	<p>Continued From page 16</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure three of three staff (#1, #2 and #3) received annual training updates in seclusion, physical restraint and isolation time-out. The findings are:</p> <p> </p> <p>Review on 08/13/25 of staff #1's record revealed: -Date of hire: 03/28/25. -No Nonviolent Crisis Intervention (NCI) training in the record.</p>	V 537		

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NAME OF PROVIDER OR SUPPLIER MIRACLE HAVEN OF WAGRAM		STREET ADDRESS, CITY, STATE, ZIP CODE 21701 BUNDY STREET WAGRAM, NC 28396		
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V 537	Continued From page 17 Review on 08/13/25 of staff #2's record revealed: -Date of hire: 06/30/23. -No NCI training in the record. Review on 08/13/25 of staff #3's record revealed: -Date of hire: 07/11/19. -No NCI training in the record. During interview on 08/13/25 staff #1 revealed: -She had received the NCI training. During interview on 08/13/25 staff #2 revealed: -She had received the NCI training.	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Baaed on observation and interview the facility failed to ensure the home was maintained in a safe, clean, attractive manner. The findings are: Observation on 08/13/25 at approximately 12:00 pm revealed: -A smoke detector was chirping approximately every 60 seconds (low battery). -Vacant bedroom at the end of the hallway had an area behind the bed approximately 2 feet by 3 feet and an area next to the window that had been patched but had not been painted. -Two areas at the end of the hallway approximately 2 feet by 2 feet that had been patched but had not been painted.	V 736		

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NAME OF PROVIDER OR SUPPLIER MIRACLE HAVEN OF WAGRAM		STREET ADDRESS, CITY, STATE, ZIP CODE 21701 BUNDY STREET WAGRAM, NC 28396		
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V 736	Continued From page 18 During interview on 08/15/25 the Qualified Professional revealed: -She would address the areas of concern.	V 736		