

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2018
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NAME OF PROVIDER OR SUPPLIER MIRACLE HOUSES-SWEARINGAN	STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEARINGTON ROAD CHARLOTTE, NC 28216
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(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	INITIAL COMMENTS A complaint survey was completed on 4-12-18. The complaint was unsubstantiated (#NC00136095). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential; Treatment Staff Secure for Children or Adolescents.	V 000		
V 298	27G .1706 Residential Tx. Child/Adol - Operations 10A NCAC 27G .1706 OPERATIONS (a) Each facility shall serve no more than a total of 12 children and adolescents. (b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting. (c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement. (d) Psychiatric consultation shall be available as needed for each child or adolescent. (e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer. (f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan. (g) Each facility shall operate 24 hours per day,	V 298		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 298	<p>Continued From page 1</p> <p>seven days per week, and each day of the year.</p> <p>This Rule is not met as evidenced by: based on interviews the facility failed t operate 24 hours a day, 7 days a week, each day of the year effecting one of three clients (client #1). The findings are:</p> <p>Interview on 4-11-18 with client #1 revealed: -He had lived a the facility for a few months. -He had previously lived a sister facility A -He used to ride the school bus to and from school from sister facility A and staff would drop him off and pick him up. -He now was picked up and dropped off by staff from his own facility.</p> <p>Interview on 4-11-18 with the Assistant facility manager revealed: -Client #1 used to ride the bus and get dropped off at the sister facility A. -The facility had changed staff scheduling so that a staff member dropped him off and picked him up from school each day.</p> <p>Interview on 4-12-18 with the Executive Coordinator revealed: -Client #1 used to live at sister facility A, but then moved to the facility because it was a better fit for him. -At first there wasn't staffing in place for client #1 to have a way to and from school. -The Department of Social Services would have to approve for him to change schools, but since he was doing well, they wouldn't do it.</p>	V 298		

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V 298	Continued From page 2 -The have now put staffing in place so that he doesn't ride the bus anymore.	V 298		