OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		R	
	MHL036-287	B. WING		04/18/2018	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
LIQUEES TWIN AVENUE		IN AVENUE			
HOUSES - I WIN AVENU	GASTON	NIA, NC 28052			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
0 INITIAL COMMENTS		V 000			
completed on 4/18/18	. The complaint was				
category: 10A NCAC	27G .1700 Residential				
27G .1704 Residentia Staffing	al Tx. Child/Adol - Min.	V 296			
REQUIREMENTS  (a) A qualified profestelephone or page. A able to reach the facilitimes.  (b) The minimum nurrequired when childre present and awake is (1) two direct cone, two, three or fou (2) three direct for five, six, seven or adolescents; and (3) four direct conine, ten, eleven or twadolescents.  (c) The minimum nurduring child or adolestellows:  (1) two direct conditions and one shall be away children or adolescent (2) two direct conditions above the follows:	sional shall be available by direct care staff shall be ity within 30 minutes at all on or adolescents are as follows: are staff shall be present for rehildren or adolescents; care staff shall be present eight children or are staff shall be present for velve children or on or are staff shall be present for the cent sleep hours is as are staff shall be present ke for one through four tts; are staff shall be present				
	ROVIDER OR SUPPLIER  HOUSES - TWIN AVENU  SUMMARY STI (EACH DEFICIENCY REGULATORY OR LE  INITIAL COMMENTS  An annual, complaint completed on 4/18/18 unsubstantiated (Intal were cited.  This facility is licensed category: 10A NCAC Treatment Staff Securic Children.  27G .1704 Residential Staffing  10A NCAC 27G .1704 REQUIREMENTS (a) A qualified profest telephone or page. A able to reach the facilitimes. (b) The minimum nur required when childred present and awake is (1) two direct can one, two, three or fou (2) three direct for five, six, seven or adolescents; and (3) four direct can one shall be awa children or adolescents. (c) The minimum nur during child or adolescents. (d) Two direct can one shall be awa children or adolescent (2) two direct can and both shall be awa children or adolescent (2) two direct can and both shall be awa children or adolescent (2) two direct can and both shall be awa children or adolescent (2) two direct can and both shall be awa children or adolescent (2) two direct can and both shall be awa children or adolescent (2) two direct can and both shall be awa children or adolescent (2) two direct can and both shall be awa children or adolescent (2) two direct can and both shall be awa children or adolescent (2) two direct can and both shall be awa	MHL036-287  ROVIDER OR SUPPLIER STREET A  HOUSES - TWIN AVENUE GASTON  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An annual, complaint and follow up survey was completed on 4/18/18. The complaint was unsubstantiated (Intake #136488). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Adolescents or Children.  27G .1704 Residential Tx. Child/Adol - Min. Staffing  10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (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. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for nine, two, three or four children or adolescents; (2) three direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;	ROVIDER OR SUPPLIER  **ROVIDER OR SUPPLIER**  **STREET ADDRESS, CITY, STATI 2004 TWIN AVENUE GASTONIA, NC 28052  **SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  **INITIAL COMMENTS**  **An annual, complaint and follow up survey was completed on 4/18/18. The complaint was unsubstantiated (Intake #136488). Deficiencies were cited.  **An annual, complaint and follow up survey was completed on 4/18/18. The complaint was unsubstantiated (Intake #136488). Deficiencies were cited.  **This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Adolescents or Children.  **27G .1704 Residential Tx. Child/Adol - Min.*  **Staffing**  **10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS**  **(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.  **(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:  **(1) two direct care staff shall be present for one, two, three or four children or adolescents;  **(2) three direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.  **(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:  **(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;  **(2) two direct care staff shall be present and both shall be awake for five through eight**	MHL036-287  MHL036-287  MHL036-287  STREET ADDRESS, CITY, STATE, ZIP CODE  2004 TWIN AVENUE  SUMMARY STATEMENT OF DEFICIENCIS  (EACH DEFICIENCY MUST BE PRICEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An annual, complaint and follow up survey was completed on 4/18/18. 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(2) The minimum number of direct care staff follows is as follows;  (1) two direct care staff shall be present during child or adolescents and one shall be awake for one through four children or adolescents;  (2) two direct care staff shall be present and one shall be awake for one through four children or adolescents;  (2) two direct care staff shall be present and one one hall be awake for one through four children or adolescents;  (2) two direct care staff shall be present and one shall be awake for one through four children or adolescents;  (2) two direct care staff shall be present and one shall be awake for one through four children or adolescents;	

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COMPLETED	
		MHL036-287	B. WING		R <b>04/18/2018</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
MIDACLE	HOUSES TWIN AVENUE	2004 TWIN	I AVENUE			
WIRACLE	HOUSES - TWIN AVENU	GASTONIA	A, 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 SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE	
V 296	of which two shall be asleep for nine, ten, e adolescents. (d) In addition to the care staff set forth in Rule, more direct care the facility based on t individual needs as splan. (e) Each facility shall supervision of childre are away from the face	care staff shall be present awake and the third may be eleven or twelve children or minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in he child or adolescent's pecified in the treatment be responsible for ensuring n or adolescents when they cility in accordance with the individual strengths and	V 296			
	failed to ensure the refindings are:  Observation on 4/16/revealed: -the Associate Profesclient #4; -no other staff were p-per the AP, clients #	as and interviews, the facility equired staff/client ratio. The  18 at 11:10am at the facility  sional (AP) was present with  resent on site; 1, #2 and #3 were in school.  with client #3 revealed: to three staff present; staff present; taff present; mes one staff there,				

Division of Health Service Regulation

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· · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		MHL036-287	B. WING		R <b>04/18/2018</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	0.11.10.11	
MIRACLE	HOUSES - TWIN AVENU		IN AVENUE			
		GASTON	NIA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 296	Continued From page 2		V 296			
		•				
V 752	27G .0304(b)(4) Hot V	Vater Temperatures	V 752			
	EQUIPMENT (b) Safety: Each facil constructed and equipensures the physical syisitors. (4) In areas of texposed to hot water,					
	the facility where clier water, the temperature	iew, observations and failed to ensure in areas of ats were exposed to hot				
	-hot water in the kitch Fahrenheit;	18 at 2:25pm revealed: en sink was 130 degrees room sink was 128 degrees				
	-client #1 had diagnos Hyperactivity Disorder, Personality Disorder,					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL036-287		B. WING		R <b>04/18/2018</b>		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
MIRACLE	MIRACLE HOUSES - TWIN AVENUE  2004 TWIN AVENUE  GASTONIA, NC 28052					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 752	Mood Dysregulation I issues regulating wat assessment and treat-client #2 had diagnor no issues regulating wassessment and treat-client #3 had diagnor Disorder and Depress regulating water per attreatment plan.  Review on 4/11/18 of 1/1/18-present reveal the hot water temperative water temperature.  Interviews on 4/16/18 revealed no injuries attemperature.  Interview on 4/16/18 Professional (AP) revent aware hot water-maintenance man wand checked the hot water will turn the hot water-will turn the hot water-	Disorder(DMDD) with no er per admission tment plan; sis of ADHD and PTSD with water per admission tment plan; sis of PTSD, Anxiety sive Disorder with no issues admission assessment and facility incident reports from ed no injuries as a result of ature.  With clients #1, #2 and #3 as a result of the hot water with the Associate realed: too hot; as just out a few days ago water and adjusted it; r down immediately.	V 752			

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