Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MIII 000705	B WING			4/0040
		MHL060785	1		01/1	4/2019
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
MIRACLE	HOUSE 1	1418 JULE CHARLOT	S COURT TE, NC 28226			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	A complaint survey w The complaint was ur 00146584). Deficience					
	This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents.					
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sh	ALTH CARE PERSONNEL  Alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.				
	failed to access the H Registry (HCPR) 5 da	ew and interview the facility				
	revealed: -Hire date of 11-	d accessed 11-15-18				
		ctually started until later.				

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:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
			A. DUILDING:		
		MHL060785	B. WING		01/14/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
MIRACLE	HOUSE 1	1418 JUL	ES COURT		
WIIIACLL	HOUSE I	CHARLO	TTE, NC 28226		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 131	Continued From page	e 1	V 131		
	-She did know th to accessed before hi	at the HPCR was supposed re.			
V 132	G.S. 131E-256(G) HO Allegations, & Protect		V 132		
	REGISTRY	LTH CARE PERSONNEL			
		es shall ensure that the d of all allegations against Lincluding injuries of			
	unknown source, which	ch appear to be related to ivision (a)(1) of this section.			
	~	of a resident in a healthcare			
		whom home care services 1E-136 or hospice services			
		B1E-201 are being provided. of the property of a resident			
	in a health care facilit	y, as defined in subsection uding places where home			
	care services as defir	ned by G.S. 131E-136 or			
	are being provided.	lefined by G.S. 131E-201			
	c. Misappropriation of healthcare facility.				
	facility or to a patient				
		ealth care facility or against whom the employee is			
	providing services).	ovidance that all alleged			
		evidence that all alleged and must make every effort			
	to protect residents fr				
	investigation is in pro-	gress. The results of all			
	investigations must be				
	Department within five	e working days of the initial			

Division of Health Service Regulation

STATE FORM 6899 Z6N111 If continuation sheet 2 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060785	B. WING		01/14/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MIRACLE	HOUSE 1	1418 JULES CHARLOTT	S COURT E, NC 28226		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 132	failed to ensure that a against clients are repone of three staff (state one of the other of the other one of the other one of the other one of the other of t		V 132		
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133		
	G.S. §122C-80 CRIM CHECK REQUIRED I	INAL HISTORY RECORD FOR CERTAIN			

Division of Health Service Regulation

STATE FORM 6899 Z6N111 If continuation sheet 3 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING:  (X3) DATE SURVEY COMPLETED  (X4) MHL060785  B. WING  (X2) MULTIPLE CONSTRUCTION  A. BUILDING:  (X3) DATE SURVEY COMPLETED  (X4) PROVIDER OR SUPPLIER  (X3) DATE SURVEY COMPLETED	
MHL060785  B. WING	
MHL060785  B. WING	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
MIRACLE HOUSE 1	
CHARLOTTE, NC 28226	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	ETE
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	=
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY)	
V 133 Continued From page 3 V 133	
APPLICANTS FOR EMPLOYMENT.	
(a) Definition As used in this section, the term	
"provider" applies to an area authority/county	
program and any provider of mental health,	
developmental disability, and substance abuse	
services that is licensable under Article 2 of this	
Chapter.	
(b) Requirement An offer of employment by a	
provider licensed under this Chapter to an	
applicant to fill a position that does not require the	
applicant to have an occupational license is	
conditioned on consent to a State and national	
criminal history record check of the applicant. If	
the applicant has been a resident of this State for	
less than five years, then the offer of employment	
is conditioned on consent to a State and national	
criminal history record check of the applicant. The	
national criminal history record check shall	
include a check of the applicant's fingerprints. If	
the applicant has been a resident of this State for	
five years or more, then the offer is conditioned	
on consent to a State criminal history record	
check of the applicant. A provider shall not	
employ an applicant who refuses to consent to a	
criminal history record check required by this	
section. Except as otherwise provided in this	
subsection, within five business days of making	
the conditional offer of employment, a provider	
shall submit a request to the Department of	
Justice under G.S. 114-19.10 to conduct a	
criminal history record check required by this	
section or shall submit a request to a private	
entity to conduct a State criminal history record	
check required by this section. Notwithstanding	
G.S. 114-19.10, the Department of Justice shall	
return the results of national criminal history	
record checks for employment positions not	
covered by Public Law 105-277 to the	
Department of Health and Human Services,	

Division of Health Service Regulation

STATE FORM 6899 Z6N111 If continuation sheet 4 of 9

Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUF	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLET	ED
		MHL060785	B. WING		04/44	/2040
		WITILUOU765			01/14/	12019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		1418 JU	LES COURT			
MIRACLE	HOUSE 1	CHARLO	OTTE, NC 28226			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	,	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEI IOIERO I )		
V 133	Continued From page	e 4	V 133			
	Criminal Records Che					
		eipt of the national criminal				
		, the Department of Health				
		, Criminal Records Check				I
		provider as to whether the				I
		may affect the employability				
	'''	case shall the results of the				
		ory record check be shared				
		oviders shall make available				
	•	tion that a criminal history				
		pleted on any staff covered				
	_ =	inty that has adopted an				
		inance and has access to				
		nal Information data bank				
	_	alf of a provider a State				
	_	d check required by this				
		rovider having to submit a				
		tment of Justice. In such a				
		Il commence with the State				
	criminal history record	d check required by this				
	section within five bus	siness days of the				
	conditional offer of en	mployment by the provider.				
	All criminal history inf	formation received by the				
	provider is confidentia	al and may not be disclosed,				
	except to the applicar	nt as provided in subsection				
	(c) of this section. For	r purposes of this				
	subsection, the term '	"private entity" means a				
	business regularly en	igaged in conducting				
	criminal history record	d checks utilizing public				
	records obtained from	n a State agency.				
	(c) Action If an app	licant's criminal history				
		one or more convictions of				
	a relevant offense, th	ne provider shall consider all				
	1	rs in determining whether to				
	hire the applicant:	ŭ				
		iousness of the crime.				
	(2) The date of the cr					
	` '	erson at the time of the				
	, (-)			1		

Division of Health Service Regulation

conviction.

STATE FORM 6899 Z6N111 If continuation sheet 5 of 9

Division of Health Service Regulation

AND PLAN OF CORRECTION	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		7.1. 50.125.110.			
	MHL060785	B. WING		01/14/2019	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
MIRACLE HOUSE 1	1418 JULE	S COURT			
WIINAGEE HOUSE 1	CHARLOT	TE, NC 28226			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES IST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 133 Continued From page 5		V 133			
(4) The circumstances su commission of the crime, (5) The nexus between the the person and the job dufilled. (6) The prison, jail, probate rehabilitation, and employ person since the date the (7) The subsequent commater a relevant offense.  The fact of conviction of a shall not be a bar to employ listed factors shall be consideration of the releve provider may disclose infect the criminal history record to the disqualification, but of the criminal history record to the disqualification, but of the criminal history record to the disqualification, but of the criminal history record complies with this section civil liability for:  (1) The failure of the provindividual on the basis of the criminal history record (2) Failure to check an encriminal offenses if the enhistory record check is recompliance with this section (e) Relevant Offense A "relevant offense" means federal criminal history of indictment of a crime, whe felony, that bears upon an have responsibility for the persons needing mental in the persons n	if known. The criminal conduct of suties of the position to be stion, parole, syment records of the crime was committed. The provider was a relevant offense alone solvent; however, the posidered by the provider. It is an applicant after stant factors, then the cormation contained in the check that is relevant the may not provide a copy ford check to the provider and an officer of that, in good faith, in shall be immune from the shall be immune from the check of the individual. The provider and received in ion.  In sused in this section, a county, state, or a conviction or pending ether a misdemeanor or in individual's fitness to a safety and well-being of	V 133			

Division of Health Service Regulation

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Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED			
		MHL060785	B. WING					
			01/14/2019					
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MIDACLE	MIRACLE HOUSE 1 1418 JULES COURT							
WIIKACLE	HOUSE I	CHARLO	TTE, NC 28226					
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE			
V 133	Continued From page	e 6	V 133					
		minal offenses set forth in						
		rticles of Chapter 14 of the						
	_	icle 5, Counterfeiting and						
	Issuing Monetary Sub	ostitutes; Article 5A,						
		ve and Legislative Officers;						
		article 7A, Rape and Other						
		8, Assaults; Article 10, ction; Article 13, Malicious						
	Injury or Damage by							
		Material; Article 14, Burglary						
	_	kings; Article 15, Arson and						
	Other Burnings; Articl	e 16, Larceny; Article 17,						
	1	Embezzlement; Article 19,						
	False Pretenses and							
	Obtaining Property or							
		edit Device or Other Means;						
	· ·	Transaction Card Crime s; Article 21, Forgery; Article						
	26, Offenses Against	~ .						
		Adult Establishments;						
		n; Article 28, Perjury; Article						
		, Misconduct in Public						
		enses Against the Public						
		iots and Civil Disorders;						
	Article 39, Protection							
	Protection of the Fam							
		ele 60, Computer-Related						
		also include possession or						
		ion of the North Carolina es Act, Article 5 of Chapter						
		tutes, and alcohol-related						

Division of Health Service Regulation

G.S. 20-138.5.

offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through

(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a

STATE FORM 6899 Z6N111 If continuation sheet 7 of 9

Division of Health Service Regulation

Division	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_			
			5			
		MHL060785	B. WING		01/14/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE		
TO THE OT THE	TO VIDER OR OUT FEET					
MIRACLE	HOUSE 1		ES COURT			
		CHARLO	TTE, NC 28226			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX			PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG			TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IAIE DAIL	
V 133	Continued From page	e 7	V 133			
	-	d check under this section				
	shall be guilty of a Cla					
	(g) Conditional Emplo	yment A provider may				
	employ an applicant of	conditionally prior to				
	obtaining the results of	of a criminal history record				
	check regarding the a	applicant if both of the				
	following requirement	ts are met:				
	- ·	not employ an applicant				
		applicant's consent for				
		d check as required in				
	-	section or the completed				
	` '	equired in G.S. 114-19.10.				
		submit the request for a				
	. ,	d check not later than five				
	-					
	business days after th					
	conditional employme					
		-124, ss. 10.19D(c), (h);				
	2005-4, ss. 1, 2, 3, 4,	5(a); 2007-444, s. 3.)				
	This Rule is not met	as evidenced by:				
	Based on record review	ews and interview the facility				
	failed to request a cri	minal background report				
	•	rs of being hired, effecting				
		iff #1). The findings are:				
	(-1	gg.				
	Review on 1-14-19 of	f staff #1's personnel record				
	revealed:	rotan milo porocimo roccia				
	-Hire date of 11-1	1-18				
		request done on 11-15-18				
	-Chiminal records	s request done on 11-15-16				
	Interview on 11 14 10	) with administrator revealed:				
		with administrator revealed:				
		ctually start until later.				
		he record should have been				
		siness days of hire date				
	-They would mak	ce ensure that future hires				

Division of Health Service Regulation

would have their criminal background checks

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STATEMENT OF DEFICIENCIES (X1) PROVIDER IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	(X3) DATE SURVEY COMPLETED	
		MHL060785	B. WING		01/14/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	ΓE, ZIP CODE			
MIRACLE	HOUSE 1		LES COURT OTTE, NC 28226				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPL	) .ETE E	
V 133	Continued From page	e 8	V 133				
	completed in the	proper time frame.					

Division of Health Service Regulation