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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
ANDILAN	or dortheories	IDENTIFICATION NOMBER.	A. BUILDING: _		OOM! EETED						
		MHL060785	B. WING		07/30/2019						
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE							
MIRACLE HOUSE 1 CHARLOTTE NO. 20202											
CHARLOTTE, NC 28226											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (X5) EACH CORRECTIVE ACTION SHOULD BE COMPLETE DSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE						
V 000	INITIAL COMMENTS		V 000								
	The complaints were	ras completed on 7-30-19. unsubstantiated 00154020). A deficiency was									
		d for the following service 27G 1700 Residential Staff and Adolescents.									
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736								
		EMENTS									
		n and interviews, the facility ed in a clean, safe, attractive									
	Pm revealed: -Beeping smoke -Missing banister leading to the second -Hanging light fix -Two light bulbs of the light switch appro- diameter, One hole of approximately 3 inches	r on the inside stairway I floor. Iture in the bathroom. Iture burnt out. Is one hole in the wall under in the right hand side I in diameter and stuffed done hole on the left hand									

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

(X6) DATE TITLE

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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						
		MHL060785	B. WING		07/3	0/2019					
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE							
MIRACLE HOUSE 1 1418 JULES COURT CHARLOTTE, 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE					
V 736	Continued From page 1		V 736								
	-He didn't know heen beepingIt might have be -It did bother him night. Interview on 7-30-19 or revealed: -Everything had be weekendIt was the same damaged the house a charging him for the of -The batteries in changed regularly and										

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