STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING.		R	
		MHL036-287	B. WING		08/08/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	. ZIP CODE	
			IN AVENUE	,	
MIRACLE	HOUSES - TWIN AVENU	E	IIA, NC 28052		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / 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 000	INITIAL COMMENTS		V 000		
	on 8/8/19. The comple (Intakes #NC153689, was cited. This facility is licensed category: 10A NCAC	w up survey was completed aints were substantiated #NC153711). A deficiency d for the following service 27G .1700 Residential re for Adolescents and			
V 118	Children. 27G .0209 (C) Medica	ation Requirements	V 118		
	only be administered order of a person authoriugs. (2) Medications shall clients only when authorium client's physician. (3) Medications, included administered only by unlicensed persons to the privileged to prepare a medications. (4) A Medication Administered client's administered medications. (4) A Medication Administered kept current. Medications and the current of the cu	stration: n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by ained by a registered nurse, gally qualified person and and administer inistration Record (MAR) of it to each client must be ons administered shall be after administration. The following:			

Division of Health Service Regulation

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

TITLE (X6) DATE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPL	ILED
MHL036-287		B. WING		08/0	8/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MIRACLE	HOUSES - TWIN AVENU	JE 2004 TWIN	AVENUE A, NC 28052			
			1		1	
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118	drug. (5) Client requests fo checks shall be recorfile followed up by ap with a physician. This Rule is not met Based on records revinterviews, the facility were kept current and were administered or affecting 3 of 3 clients findings are: Finding #1: Review on 7/24/19 of admission date of 9/Post Traumatic Stres Oppositional Defiant physicians' orders daily, escitalopram (gone tablet daily, Praz Trazadone 100mg or Hydroxyzine HCL 25 daily as needed; physician's order dailomg one tablet twice no physicians' order dailomg one tablet emuliated to the Mupirocin 2% ointme	as evidenced by: view, observations and vialed to ensure the MARs diaccurate and medications in the order of a physician is (#1, #2 and #3). The f client #1's record revealed: 7/18 with the diagnoses of is Disorder (PTSD) and Disorder (ODD); ated 6/18/19 for the is: Vyvanse 40mg one tablet igneric for Lexapo) 20mg iosin 1mg one tablet at bed, ine tablet at bed and img one tablet three times ted 2/28/19 for Buspirone ie daily; is present in the record for very 12 hours and int apply three times daily 19 at 9:45am of client #1's	V 118			
	medications on site re -Vyvanse 40mg one t					

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STATE FORM 6899 RUN911 If continuation sheet 2 of 5

MHL036-287 MHACOF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2004 TWIN AVENUE 2004 TWIN AVENUE CASTONIA, NC 28052 (24) ID PREETX TAG (EACH DERICIENCY MUST BE PRECEDED BY PILL TAG CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY TAG V 118 Continued From page 2 -escitalopram 20mg one tablet daily, -Prazosin 1mg one tablet at bed; -Hydroxyzine HCL 25mg one tablet three times daily as needed; -Hydroxyzine HCL 25mg one tablet three times daily not on site. Review on 7/24/19 and 7/25/19 (in the am) of client #1's MARs from 6/16/19-77/25/19 revealed the following: -the pm dosing dates of 7/25/19 for Prazosin 1mg one tablet at bed, Trazadone 100mg one tablet three times daily not on site. Review on 7/24/19 and 7/25/19 for Prazosin 1mg one tablet at bed, Trazadone 100mg one tablet three times daily not on site. Review on 7/26/19 so revealed the following: -the pm dosing dates of 7/25/19 for Prazosin 1mg one tablet at bed, Trazadone 100mg one tablet three times daily not on site. Review on 7/26/19 for Prazosin 1mg one tablet at bed, Trazadone 100mg one tablet three times daily as needed and Buspirone 10mg one tablet wice daily documented as administered; -6/30 pm dosing date for Prazosin 1mg one tablet twice daily left blank; -6/26, 6/29 and 6/30 pm dosing dates for Buspirone 10mg one tablet every 12 hours and Mupirocin 2% ointment apply three times daily Millione View of the APPROPRIATE STREET ADDRESS, CITY, STATE, ZIP CODE 2004 PRETX TAG PRETX TAG PROVIDERS PLAN OF CORRECTION PRETX TAG PROVIDERS PLAN OF CORRECTION (CASH CHAPACH CORRECTION SHOULDE PRETX TAG PRETX TAG PROVIDERS PLAN OF CORRECTION (CASH CHAPACH CROSH CHAPACH CROSH CHAPACH CROSH CHAPACH CROSH CHAPACH CROSH CROSH CHAPACH CROSH CRO	STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MIRACLE HOUSES - TWIN AVENUE CASTONIA, NC 28052 [X4) ID PREPIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG DEFICIENCY) V 118 Continued From page 2 -escitalopram 20mg one tablet at bed; -Prazosin 1mg one tablet at bed; -Prazosin 1mg one tablet twice daily; -Mucinex one tablet at bed; 1-Buspirone 10mg one tablet three times daily an eneded; -the pm dosing dates of 7/25/19 for Prazosin 1mg one tablet at bed and Buspirone 10mg one tablet twice daily documented as administered; -6/30 pm dosing date for Prazosin 1mg one tablet twice daily documented as administered; -6/28, 6/29 and 6/30 pm dosing dates for Buspirone 10mg one tablet twice daily left blank; -Mucinex one tablet every 12 hours and Mupirocin 2% on dosing dates for Buspirone 10mg one tablet twice daily documented as administered; -6/30 pm dosing date for Prazosin 1mg one tablet twice daily left blank; -Mucinex one tablet every 12 hours and Mupirocin 2% on dosing dates for Buspirone 10mg one tablet twice daily left blank; -Mucinex one tablet twice daily left blank; -Mucinex one tablet every 12 hours and Mupirocin 2% on dosing dates for Buspirone 10mg one tablet twice daily left blank; -Mucinex one tablet every 12 hours and Mupirocin 2% ontment apply three times daily ent blank; -Mucinex one tablet every 12 hours and Mupirocin 2% ontment apply three times daily ent blank; -Mucinex one tablet every 12 hours and Mupirocin 2% ontment apply three times daily	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
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CALC DUSES - TWIN AVENUE CASTONIA, NC 28052	NAME OF D	POVIDED OD SLIDDLIED	STREET AD	DESS CITY STA	TE ZIR CODE		
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DEFICIENCY) V 118 Continued From page 2 -escitalopram 20mg one tablet at bed; -Prazosin 1mg one tablet at bed; -Hydroxyzine HCL 25mg one tablet three times daily and on site. Review on 7/24/19 and 7/25/19 (in the am) of client #1's MARs from 6/16/19-7/25/19 revealed the following: -the pm dosing dates of 7/25/19 for Prazosin 1mg one tablet at bed and buspirone 10mg one tablet twice daily as needed and Buspirone 10mg one tablet at bed, 1/razadone 100mg one tablet at bed, 1/razadone 100mg one tablet at bed, 1/razadone 100mg one tablet at bed at bed bank; -6/30 pm dosing date for Prazosin 1mg one tablet twice daily documented as administered; -6/30 pm dosing date for Prazosin 1mg one tablet at bed left blank; -6/28, 6/29 and 6/30 pm dosing dates for Buspirone 10mg one tablet twice daily left blank; -Mucinex one tablet twice daily fet blank; -Mucinex one tablet twice daily fet blank; -Mucinex one tablet every 12 hours and Mupirocin 2% ointment apply three times daily	IVAIVIL OF T	NOVIDER OR OUT FIER			11 L, ZII OOBL		
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V118 Continued From page 2 -escitalopram 20mg one tablet daily, -Prazosin 1mg one tablet at bed; -Hydroxyzine HCL 25mg one tablet three times daily as needed; -Buspirone 10mg one tablet twice daily; -Mucinex one tablet every 12 hours and Mupirocin 2% ointment apply three times daily not on site. Review on 7/24/19 and 7/25/19 (in the am) of client #1's MARs from 6/16/19-7/25/19 revealed the following: -the pm dosing dates of 7/25/19 for Prazosin 1mg one tablet at bed, Trazadone 100mg one tablet twice daily as needed and Buspirone 10mg one tablet twice daily as needed the following: -the pm dosing dates of 7/25/19 for Prazosin 1mg one tablet twice daily documented as administered; -6/30 pm dosing dates for Prazosin 1mg one tablet twice daily documented as administered; -6/28, 6/29 and 6/30 pm dosing dates for Buspirone 10mg one tablet twice daily left blank; -Mucinex one tablet every 12 hours and Mupirocin 2% ointment apply three times daily				1			
-escitalopram 20mg one tablet daily, -Prazosin 1mg one tablet at bed; -Trazadone 100mg one tablet at bed; -Hydroxyzine HCL 25mg one tablet three times daily as needed; -Buspirone 10mg one tablet twice daily; -Mucinex one tablet every 12 hours and Mupirocin 2% ointment apply three times daily not on site. Review on 7/24/19 and 7/25/19 (in the am) of client #1's MARs from 6/16/19-7/25/19 revealed the following: -the pm dosing dates of 7/25/19 for Prazosin 1mg one tablet at bed, Trazadone 100mg one tablet at bed, Hydroxyzine HCL 25mg one tablet three times daily as needed and Buspirone 10mg one tablet twice daily documented as administered; -6/30 pm dosing date for Prazosin 1mg one tablet at bed left blank; -6/28, 6/29 and 6/30 pm dosing dates for Buspirone 10mg one tablet twice daily left blank; -Mucinex one tablet every 12 hours and Mupirocin 2% ointment apply three times daily	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETE	
-Prazosin 1mg one tablet at bed; -Trazadone 100mg one tablet at bed; -Hydroxyzine HCL 25mg one tablet three times daily as needed; -Buspirone 10mg one tablet twice daily; -Mucinex one tablet every 12 hours and Mupirocin 2% ointment apply three times daily not on site. Review on 7/24/19 and 7/25/19 (in the am) of client #1's MARs from 6/16/19-7/25/19 revealed the following: -the pm dosing dates of 7/25/19 for Prazosin 1mg one tablet at bed, Trazadone 100mg one tablet at bed, Hydroxyzine HCL 25mg one tablet three times daily as needed and Buspirone 10mg one tablet twice daily documented as administered; -6/30 pm dosing date for Prazosin 1mg one tablet at bed left blank; -6/28, 6/29 and 6/30 pm dosing dates for Buspirone 10mg one tablet twice daily left blank; -Mucinex one tablet every 12 hours and Mupirocin 2% ointment apply three times daily	V 118	Continued From page	2	V 118			
listed on the 6/2019 MAR and documented as administered; -Mucinex one tablet every 12 hours and Mupirocin 2% ointment apply three times daily not listed on the 7/2019 MAR. Finding #2: Review on 7/24/19 of client #2's record revealed: -admission date of 4/11/18 with diagnoses of PTSD, ODD and Attention Deficit Hyperactivity Disorder; -physicians' orders dated 1/14/19 for Risperdone 1mg one tablet at bed and Melatonin 3mg one	V 118	-escitalopram 20mg of -Prazosin 1mg one ta -Trazadone 100mg of -Hydroxyzine HCL 25 daily as needed; -Buspirone 10mg one -Mucinex one tablet et Mupirocin 2% ointmen not on site. Review on 7/24/19 arclient #1's MARs from the following: -the pm dosing dates 1mg one tablet at bed tablet at bed, Hydroxy three times daily as none tablet twice daily administered; -6/30 pm dosing date tablet at bed left blank -6/28, 6/29 and 6/30 pm dosing date tablet at bed left blank -6/28, 6/29 and 6/30 pm dosing date tablet at bed left blank -6/28, 6/29 and 6/30 pm dosing date tablet at bed left blank -6/28, 6/29 and 6/30 pm dosing date tablet at bed left blank -6/28, 6/29 and 6/30 pm dosing date tablet at bed left blank -6/28, 6/29 and 6/30 pm dosing date tablet at bed left blank -6/28, 6/29 and 6/30 pm dosing date tablet at bed left blank -6/28, 6/29 and 6/30 pm dosing date tablet at bed left blank -6/28, 6/29 and 6/30 pm dosing date date on the 6/2019 pm doministered; -Mucinex one tablet et Mupirocin 2% ointmen not listed on the 7/20 pm dosing #2: Review on 7/24/19 of -admission date of 4/PTSD, ODD and Atter Disorder; -physicians' orders date of dat	blet at bed; the tablet at bed; the tablet at bed; the tablet twice daily; the tablet twice daily and 7/25/19 (in the am) of the 6/16/19-7/25/19 revealed of 7/25/19 for Prazosin d. Trazadone 100mg one tyzine HCL 25mg one tablet the eeded and Buspirone 10mg documented as for Prazosin 1mg one to tablet twice daily left blank; the twice daily left blan	V 118			

Division of Health Service Regulation

STATE FORM 6899 RUN911 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MHL036-287		B. WING		08/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STAT	E, ZIP CODE	
MIRACLE	HOUSES - TWIN AVENU	E	IN AVENUE		
		GASTON	IIA, NC 28052		
(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 COMPLETE
V 118	Continued From page	e 3	V 118		
	-no physician order p	resent in the record for spray each nostril twice			
	medications on site re -Risperdone 1mg one -Melatonin 3mg one t	e tablet at bed;			
	client #2's MARs from the following: -the pm dosing dates administered for Risp bed and Melatonin 3r -Deep Sea Spray one daily documented as	spray each nostril twice			
	-admission date of 10 PTSD, Major Depress Abuse and Generaliz -dated physicians' ord medications: 4/8/19 fc Zyrtec) 10mg on table escitalopram 10mg or (generic for Topomax daily and Olanzapine	ders for the following or certizine (generic for et daily, 5/8/19 for ne tablet daily, topiramate) 50mg one tablet twice 5mg one tablet daily, e (generic for Lamictal) 19 for Triamcinolone			
	Observation on 7/25/ medications on site re				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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MHL036-287				TE ZID CODE	08/08/2019	
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2004 TWIN AVENUE					
MIRACLE	HOUSES - TWIN AVENU	GASTONI.	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 SHOULD CROSS-REFERENCED TO THE APPROVIDENCE)	D BE COMPLETE	
V 118	-certizine 10mg on tal -escitalopram 10mg on -topiramate 50mg one -Olanzapine 5mg one -lamotrigine 25mg at -Triamcinolone Acetor Review on 7/24/19 ar client #3's MARs from the pm dosing date of administered for the r on tablet daily, escital daily, topiramate 50m Olanzapine 5mg one 25mg at bed and Tria apply twice daily. Interview on 7/25/19 or Professional revealed -all physician orders s -client #1's Mucinex a completed and no lon -staff #1 administered medications for all the accidentally signed of also; -will address with staff	blet daily; ane tablet daily; a tablet twice daily; bed; hide 0.1% apply twice daily. and 7/25/19 (in the am) of hide 1/25/19 (in the am) of hide 1/25/19 documented as hide daily; hide and a subject of the following topram 10mg one tablet hige one tablet twice daily, hide tablet daily, lamotrigine high micholone Acetonide 0.1% with the Qualified high should be in the records; hide Mupirocin were high ger being administered; high the 7/25/19 am doses of high clients and must have high on the 7/25/19 pm doses high first tutes a re-cited deficiency	V 118			

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