PRINTED: 01/04/2020 FORM APPROVED

Division of Health Service Regulation

TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 000 INITIAL COMMENTS  A complaint survey was completed on 12/19/19. The complaint (#NC00159117) was unsubstantiated. No deficiencies were cited.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3  A. BUILDING:		(X3) DATE SURVE COMPLETED	3) DATE SURVEY COMPLETED	
MIRACLE HOUSES-SWEARINGAN  5212 SWEARINGTON ROAD CHARLOTTE, NC 28216  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  A complaint survey was completed on 12/19/19. The complaint (#NC00159117) was unsubstantiated. No deficiencies were cited.  (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 000  A complaint survey was completed on 12/19/19. The complaint (#NC00159117) was unsubstantiated. No deficiencies were cited.	MHL0601		MHL0601048	B. WING				
CHARLOTTE, NC 28216  (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000 INITIAL COMMENTS  A complaint survey was completed on 12/19/19. The complaint (#NC00159117) was unsubstantiated. No deficiencies were cited.								
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  A complaint survey was completed on 12/19/19. The complaint (#NC00159117) was unsubstantiated. No deficiencies were cited.	MIRACLE HOUSES-SWEARINGAN							
A complaint survey was completed on 12/19/19. The complaint (#NC00159117) was unsubstantiated. No deficiencies were cited.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE CO	OMPLETE	
The complaint (#NC00159117) was unsubstantiated. No deficiencies were cited.	V 000 II	1000 INITIAL COMMENTS		V 000				
This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III	A T u	A complaint survey wante complaint (#NC0 unsubstantiated. No unsubstantiated this facility is licensed category: 10A NCAC	as completed on 12/19/19. 0159117) was deficiencies were cited. d for the following service					

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

(X6) DATE TITLE