STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL049-163	A. BUILDING: _____ B. WING _____	09/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRACLE HOUSES WINCHESTER I	320 WINCHESTER ROAD TROUTMAN, NC 28166

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was attempted on 09/08/21. According to the Supervisor there are no clients being served at the facility. The last time clients were served at the facility was 06/17/21. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. A record review on 9/8/21 of former client (FC) #1's record revealed: -Admission date: 11/07/20; -Discharge date: 06/17/21; -Diagnoses: Disruptive Mood Dysregulation Disorder (d/o), Post Traumatic Stress d/o, Attention Deficit Hyperactivity d/o; -Documentation on discharge summary revealed: client struggled with engagement in treatment; client displayed no respect for authority or rules at facility; engaged in verbal and physical aggression towards staff and continued to attempt to run away. Recommendation was for lateral transition to another Miracle House facility. Interview on 09/07/21 with the Supervisor revealed: -No clients were currently residing at the facility; -The last client served was discharged on 06/17/21.	V 000		