PRINTED: 05/31/2022 FORM APPROVED

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	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _									
		MHL0601048	B. WING		R 05/18	3/2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
MIRACLE HOUSES-SWEARINGAN 5212 SWEARINGTON ROAD CHARLOTTE, NC 28216												
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE								
V 000	INITIAL COMMENTS		V 000									
	An annual and follow on 5-18-22. Deficience	up survey was completed es were cited.										
	-	d for the following service 27G 1700 Residential re for Children and										
		d for four and currently has survey sample consisted of										
V 752	V 752 27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.		V 752									
	the facility where clier water, the temperatur	ew, observations and ailed to ensure in areas of areas were exposed to hot										
	revealed: -Hot water tempe was 124 degrees.	22 at approximately 5:00 pm erature in the kitchen sink left and right bathroom sink										

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

(X6) DATE TITLE

PRINTED: 05/31/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
						R
		MHL0601048	B. WING		05	/18/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
MIRACLE	HOUSES-SWEARINGAN		EARINGTON RO	AD		
	CUMMARY CT		OTTE, NC 28216	DDOMDEDIC DI AN OF CO	ADDECTION	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 752	Continued From page 1		V 752			
		bathtub was 129 degrees. and 5-18-22 with Client #1				
	revealed: -The facility was fine, they always had heat, hot water, and electricity.					
		the water was too hot, as he				
	Interview on 5-17-22 with Client #2 revealed: -There were no problems with the facility but he would not elaborate.					
	Client #3 was unavailable to be interviwed due to being AWOL (absent without leave).					
	temperature.	l: hecked the hot water				
	-She had checked it the previous night and it had not been that hotThe would make sure the checked the hot water heater setting to make sure no one was					
	turning up the hot wa					

Division of Health Service Regulation

STATE FORM 9PWX11 If continuation sheet 2 of 2