

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-287	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/29/2022
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NAME OF PROVIDER OR SUPPLIER MIRACLE HOUSES - TWIN AVENUE	STREET ADDRESS, CITY, STATE, ZIP CODE 2004 TWIN AVENUE GASTONIA, NC 28052
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(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	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on September 29, 2022. A deficiency was cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the MARs were not kept current affecting 1 of 3 audited clients (Client #3). The findings are:</p> <p>Review on 9/27/22 and 9/28/22 of Client #2's record revealed: -Admitted 1/20/22; -15 years old; -Diagnosed with Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Major Depressive Disorder; -Physician's order dated 6/15/22 for Sertraline HCL (depression) 50 mg (milligrams) 1 tab (tablet) daily; -August, 2022 MAR revealed Sertraline HCL 150mg 1 tab daily.</p> <p>Interview on 9/28/22 with the Qualified Professional revealed: -Client #3's August, 2022 MAR listed Sertraline HCL 150mg 1 tab daily which was a typographical error. The correct dose was Sertraline HCL 50mg 1 tab daily; -Did not identify the typographical error; -Will make sure all MARs are kept current.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Interview on 9/29/22 with the Licensee revealed: -Will meet with the staff to discuss ensuring all MARs are kept current.</p> <p>Observation on 9/28/22 at 2:50pm of Client #3's medication revealed: -Sertraline HCL 50mg dispensed 9/21/22.</p>	V 118		