Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
			A. BUILDING.				
		MHL0601048	B. WING		04/2	8/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE			
MIRACLE	E HOUSES-SWEARIN	IGAN .	EARINGTON TTE, NC 282				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMEN	гѕ	V 000				
	on 04/28/2023. The	take #NC00196100).					
	category: 10A NCA	sed for the following service C 27G .1700 Residential cure for Children or					
		sed for 4 and currently has a urvey sample consisted of clients.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114				
	AND SUPPLIES  (a) A written fire platarea-wide disaster shall be approved be authority.  (b) The plan shall be and evacuation proposted in the facility (c) Fire and disaster shall be held at least repeated for each sunder conditions the	er drills in a 24-hour facility est quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies					
	facility failed to ens	et as evidenced by: views and interviews, the ure fire and disaster drills were y and repeated on each shift.					

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

TITLE (X6) DATE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601048	B. WING		04/2	8/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MIRACI E HOUSES-SWEARINGAN		EARINGTON TTE, NC 282				
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 114	Continued From pa	age 1	V 114			
	The findings are:					
	disaster drills log fr revealed: -No first shift (7 am pm), or third shift (9 the 1st quarter from A -No third shift (9 pm 3rd quarter from No or the 4th quarter fr 2023. Interview on 04/26/ -Admitted June 3rd -Practiced fire drills					
	Interview on 04/26/2023 with Client #2 revealed: -Admitted 10 months agoPracticed fire and disaster drills.					
	Interview on 04/26/ -Admitted August 2 -"We do just fire dr					
		2023 with Staff #1 revealed: d disaster drills once per				
		2023 with Staff #2 revealed: d disaster drills once or twice				
	Professional revea -Shifts were 1st; 7 and 3rd; 9 pm - 7 a	am - 3 pm, 2nd; 3 pm - 9 pm,				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL0601048	B. WING		04/2	8/2023
	PROVIDER OR SUPPLIER E HOUSES-SWEARIN	5212 SW	DDRESS, CITY, ST EARINGTON F TTE, NC 2821	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 114	Continued From pa		V 114			
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a saf	ty and Grounds Maintenance 803 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			
	was not maintained orderly manner. The Observation on 04/01:30 pm - 02:00 pm Bedroom #1: -2 drywalled repair long and 3 inches with the control of the contr	ons and interviews, the facility in a safe, attractive, and e findings are:  26/2023 from approximately m revealed the following:  areas approximately 6 inches vide next to the closet. It approximately 5 feet long e missing. area beside bed #1 et long and 2 feet wide. e bed #1 with 11-12 side				
	inches long and 3 in Bedroom #3: -White door with a approximately 6 income.					

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL0601048	B. WING		04/	28/2023
	PROVIDER OR SUPPLIER E HOUSES-SWEARIN	GAN 5212 SWI	DRESS, CITY, ST EARINGTON F TTE, NC 2821	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ( MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 736	Bathroom: -Drywalled repair are long and 1 inch wide -Drywalled repair are long and 3 inches well-half inch wide crackshower wall panel as Interview on 04/26/2-"When I moved into bedroom #3 door) well-heat was out for 2-Used space heater linterview on 04/26/2-"That (drywalled recloset missing the frand [Client #4] got 1-Did not notice the 1-Heat was out for 1-Used space heater linterview on 04/28/2-"I don't know. We hand work on it (repair linterview on 04/26/2-"The furnace went heaters in the living about 4 or 5 heater linterview on 04/26/2-"I don't know how repairman came Sulist of the repairs the house. Nothing that (repairs to facility) juthat's what you are -The Furnace went had to be replaced.	rea approximately 4 inches e on the wall over the sink. rea approximately 3 inches vide under shower rod. ck or separation of wall and approximately 5 to 6 feet long.  2023 with Client #1 revealed: to that room, it (cracked was already like that." -3 weeks. rs to keep warm.  2023 with Client #2 revealed: epair work, broken blinds, and frame) was here before me here." shower.  5 to 2 weeks. rs to keep warm.  2023 with Staff #1 revealed: had maintenance to come in airs to the facility) yesterday." all the way out. We had space toom and hallways. We had so."  2023 with Staff #2 revealed: long it's been like that. The unday afternoon and made a at needed to be done to the toed repairing is new. It ust needs to be touched up if asking." out for 1 to 1.5 weeks and	V 736			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (X3) DA CO		(X3) DATE COMP	FE SURVEY MPLETED	
		MHL0601048	B. WING		04/2	8/2023
	PROVIDER OR SUPPLIER  E HOUSES-SWEARIN	GAN 5212 SWE	DRESS, CITY, S ARINGTON TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 736	Interviews on 04/26 Qualified Profession -Could not rememb #3's door"The holes were re -The repairman cor yesterday (04/27/20 -"The unit (furnace) [Licensee] know the the home that we p the common area. landlord sent some	a/2023 and 04/28/2023 with the hal revealed: er what happened to bedroom epaired but not painted." inpleted repairs to the facility 023). did break and once we let the ey provided space heaters for ositioned in the hallway and in We did a work order and the one out to look at the HVAC Air Conditioning) and they	V 736			

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