

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601430	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2023
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NAME OF PROVIDER OR SUPPLIER MIRACLE HOUSES KERRYBROOK CIRCLE	STREET ADDRESS, CITY, STATE, ZIP CODE 7827 KERRYBROOK CIRCLE CHARLOTTE, NC 28214
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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 complaint survey was completed on 5-3-23. The complaint was unsubstantiated (#NC00198400). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of four. The survey sample consisted of audits of two current clients and one former client.</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;</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>(D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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 record review and interviews the facility failed to maintain a current, accurate MAR effecting one of two current clients (Client #3). The findings are:</p> <p>Review on 5-3-23 of Client #3's record revealed: -Admitted 3-17-23.</p> <p>Review on 5-3-23 of Client #3's March 2023 MAR revealed: -Aripiprazole 20 milligrams one tablet in the am, Vyvanse 40 milligrams one capsule daily, and hydroxyzine 50 milligrams one tablet before bed all signed from March 1 through March 31 2-23 by various staff of the facility.</p> <p>Interview on 5-3-23 with the Qualified Professional revealed: -She had been told to put an X and her initials if the client wasn't there. -She also said she should have put a line through the days leading up to the admission date of Client #3.</p> <p>Interview on 5-3-23 with the Executive Director</p>	V 118		

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V 118	Continued From page 2 revealed: -There should be a line or shading to indicate that the client had not been admitted yet. -The facility would have a class to make sure everyone knew the proper way to document the MAR's.	V 118		