Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: _ B. WING MHL0601048 04/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5212 SWEARINGTON ROAD** MIRACLE HOUSES-SWEARINGAN CHARLOTTE, NC 28216 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PRFFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on 04/28/2023. The complaint was unsubstantiated (intake #NC00196100). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 27G.0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS Corrected: AND SUPPLIES The surveyor was presented the drill book that (a) A written fire plan for each facility and showed drills were conducted at the facility, area-wide disaster plan shall be developed and April 28. however am/pm were missing from the times. shall be approved by the appropriate local 2023 Employees received training on how to properly authority. document the time and date of the drills being (b) The plan shall be made available to all staff conducted. and evacuation procedures and routes shall be posted in the facility. Prevention: Once drills are completed, QP/ (c) Fire and disaster drills in a 24-hour facility House Manager will double-check the drill book shall be held at least quarterly and shall be to ensure the details of the drill is properly documented. repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. Monitoring: (d) Each facility shall have basic first aid supplies Clinical Manager will debrief clients, at random, accessible for use. to ensure they determine that drills are occurring and that clients are aware of safety measures. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and repeated on each shift. Division of Health Service Regulation (X6) DATE

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Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED. A. BUILDING: B. WING MHL0601048 04/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEARINGTON ROAD MIRACLE HOUSES-SWEARINGAN CHARLOTTE, NC 28216 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 114 V 114 Continued From page 1 The findings are: Review on 04/26/2023 of the facility's fire and disaster drills log from 05/01/2022- 04/30/2023 revealed: -No first shift (7 am- 3 pm), second shift (3 pm - 9 pm), or third shift (9 pm- 7 am) disaster drills for the 1st guarter from May 2022 - July 2022 or the 2nd guarter from August 2022 - October 2022. -No third shift (9 pm- 7 am) disaster drills for the 3rd guarter from November 2022 - January 2023 or the 4th quarter from February 2023 - April 2023. Interview on 04/26/2023 with Client #1 revealed: -Admitted June 3rd (2022). -Practiced fire drills. -Was not sure if he practiced disaster drills. Interview on 04/26/2023 with Client #2 revealed: -Admitted 10 months ago. -Practiced fire and disaster drills. Interview on 04/26/2023 with Client #3 revealed: -Admitted August 2022. -"We do just fire drills." Interview on 04/28/2023 with Staff #1 revealed: -Completed fire and disaster drills once per month. Interview on 04/26/2023 with Staff #2 revealed: -Completed fire and disaster drills once or twice per month. Interview on 04/26/2023 with the Qualified Professional revealed: -Shifts were 1st; 7 am - 3 pm, 2nd; 3 pm - 9 pm, and 3rd; 9 pm - 7 am. -"We complete fire drills three times per month

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL0601048 04/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEARINGTON ROAD MIRACLE HOUSES-SWEARINGAN CHARLOTTE, NC 28216 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 114 V 114 Continued From page 2 and disaster drills once a month." V 736 V 736 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS 27G.0303 (c) Facility and Grounds (c) Each facility and its grounds shall be Maintenance maintained in a safe, clean, attractive and orderly Corrected: manner and shall be kept free from offensive The A/C unit was replaced in December 2022 Dec. 2022 odor. and all space heaters were removed. April 28, All repairs were complete prior to surveyor 2023 completing their survey. This Rule is not met as evidenced by: Prevention: Based on observations and interviews, the facility Direct care staff is responsible to ensure items was not maintained in a safe, attractive, and in need of repair are documented and orderly manner. The findings are: communicated to the Supervisor on duty prior to leaving their shift. Observation on 04/26/2023 from approximately 01:30 pm - 02:00 pm revealed the following: Bedroom #1: -2 drywalled repair areas approximately 6 inches Monitoring: House Manager will coordinate with Executive long and 3 inches wide next to the closet. Director and Maintenance to ensure items in -Top frame of closet approximately 5 feet long need of repair will be resolved as quickly as and 1.5 inches wide missing. possible. Items needed to be repaired will be -1 drywalled repair area beside bed #1 included in the weekly meetings. approximately 3 feet long and 2 feet wide. -White blinds beside bed #1 with 11-12 side panels missing. Bedroom #2: -2 circular drywalled repair areas approximately 4 inches long and 3 inches wide. Bedroom #3: -White door with a "Y" shaped crack approximately 6 inches long crack in panel and a

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8-9 inch crack leading to the doorknob.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL0601048 04/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5212 SWEARINGTON ROAD** MIRACLE HOUSES-SWEARINGAN CHARLOTTE, NC 28216 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PRFFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 736 Continued From page 3 V 736 Bathroom: -Drywalled repair area approximately 4 inches long and 1 inch wide on the wall over the sink. -Drywalled repair area approximately 3 inches long and 3 inches wide under shower rod. -Half inch wide crack or separation of wall and shower wall panel approximately 5 to 6 feet long. Interview on 04/26/2023 with Client #1 revealed: -"When I moved into that room, it (cracked bedroom #3 door) was already like that." -Heat was out for 2-3 weeks. -Used space heaters to keep warm. Interview on 04/26/2023 with Client #2 revealed: -"That (drywalled repair work, broken blinds, and closet missing the frame) was here before me and [Client #4] got here.' -Did not notice the shower. -Heat was out for 1.5 to 2 weeks. -Used space heaters to keep warm. Interview on 04/28/2023 with Staff #1 revealed: -"I don't know. We had maintenance to come in and work on it (repairs to the facility) yesterday." -"The furnace went all the way out. We had space heaters in the living room and hallways. We had about 4 or 5 heaters." Interview on 04/26/2023 with Staff #2 revealed: -"I don't know how long it's been like that. The repairman came Sunday afternoon and made a list of the repairs that needed to be done to the house. Nothing that need repairing is new. It (repairs to facility) just needs to be touched up if that's what you are asking." -The Furnace went out for 1 to 1.5 weeks and had to be replaced. -"We had like 7-8 space heaters to make sure the boys were warm."

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL0601048 04/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5212 SWEARINGTON ROAD** MIRACLE HOUSES-SWEARINGAN CHARLOTTE, NC 28216 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 736 Continued From page 4 V 736 Interviews on 04/26/2023 and 04/28/2023 with the Qualified Professional revealed: -Could not remember what happened to bedroom #3's door. -"The holes were repaired but not painted." -The repairman completed repairs to the facility yesterday (04/27/2023). -"The unit (furnace) did break and once we let the [Licensee] know they provided space heaters for the home that we positioned in the hallway and in the common area. We did a work order and the landlord sent someone out to look at the HVAC (Heating Ventilation Air Conditioning) and they ended up replacing the unit."

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