	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY PLETED	
			A. BUILDING:			R	
		MHL0601048	B. WING			14/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE			
MIRACL	MIRACLE HOUSES-SWEARINGAN 5212 SWEARINGTON ROAD CHARLOTTE, NC 28216						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMEN	ΓS	V 000				
	on August 14, 2024 This facility is licens category: 10A NCA Treatment Staff Se Adolescents. This facility is licens	w up survey was completed A deficiency was cited. Seed for the following service C 27G .1700 Residential cure for Children or Seed for 4 and has a current curvey sample consisted of clients.					
V 112	10A NCAC 27G .02 TREATMENT/HAB PLAN (c) The plan shall I assessment, and ir legally responsible of admission for clireceive services be (d) The plan shall i (1) client outcomer achieved by provisi projected date of ac (2) strategies; (3) staff responsible (4) a schedule for annually in consultaresponsible person (5) basis for evaluatioutcome achievem (6) written consent responsible party, of	De developed based on the partnership with the client or person or both, within 30 days ents who are expected to eyond 30 days. Include: (s) that are anticipated to be on of the service and a chievement; (e); review of the plan at least atton with the client or legally or both; atton or assessment of	V 112				

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

TITLE (X6) DATE

DIVISION	of Health Service Re	guiation				
				(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		MHL0601048	B. WING		1	4/2024
		WITE 000 1040			00/1	4/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MIDACLI	E HOUSES-SWEARIN	5212 SWE	EARINGTON	ROAD		
WIIINACLI	L HOUSES-SWEAKIN	CHARLO	TTE, NC 282	216		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 1	V 112			
V 112	Continued i form pa	ge i	V 112			
	This Rule is not me	et as evidenced by:				
	Based on observati	on, record reviews and				
	interviews, the facili	ity failed to implement goals				
	and strategies to m	eet the individual needs of 1 of				
	3 clients (Client #2)	. The findings are:				
	Review of Client #2					
	-Admission date of	2/12/24.				
	-17 years old.					
		m and Mild Intellectual				
	Disability.					
		ted 7/11/24; when Client #2 is				
		ue to allow [Client #2] to walk				
		d or somewhere safe while in				
		o process his emotions and				
	calm down.					
	Observation on 9/5	/24 at 3:20 pm at the facility				
	revealed:	27 at 3.20 pin at the lacility				
		round in the front yard of the				
	facility.	round in the front yard of the				
	,	e front door observing Client				
	#2.	io ironit door observing offent				
		front door and observed				
	Client #2 from the v					
	-Client #2 walked u					
		#2 when he walked up the				
	street, around the c					
		to the facility at 3:48 pm.				
	Short // Librariou	is also radinty at 0. 10 pm.				

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Division of Health Service Regulation STATE FORM

Interview on 8/5/24 with Client #2 revealed:

TK6111 If continuation sheet 2 of 4

STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION NUMBER: A. BUILDING: A. BUILDING:				E SURVEY IPLETED	
		MHL0601048	B. WING		R 08/14/2024	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00.1	
MIRACI	F HOUSES-SWEARIN	5212 SWF	ARINGTON			
WIIIAGE	MIRACLE HOUSES-SWEARINGAN CHARLOTTE, NC 28216					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 2	V 112			
	upset about"I'm just walking to not leaving." -Felt safeStaff treated him w. Interview on 8/5/24 -Client #2 walked a he was upsetClient #2 would no -Client #2's treatme allowed to walk aro -Knew Client #2 wa sight of staff, but did away from the facili	with Staff #2 revealed: round inside and outside when t elope, he would come back. ent plan included he was und when he was upset. s supposed to be in the line of d not know he had walked				
	-Staff #2 was watch -Client #2 was allow somewhere safe wi -Client #2 would ret -"He'll (Client #2) would ret eave (the facility -Knew Client #2 was ight of staff. -Thought Staff #2 would the window. Interview on 8/6/24 Professional reveal -Client #2's treatment outside with staff's sight of staff. -A staff member was Client #2.	wed to walk around outside or alth permission from staff. Eurn to the facility. Alk around outside but he will by)." Is supposed to be in the line of a was watching Client #2 from with the Qualified ed: Int plan included he could walk permission and in the line of as supposed to be outside with the Client #2 is allowed to walk				

Division of Health Service Regulation

STATE FORM 6899 TK6111 If continuation sheet 3 of 4

NAME OF PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 3 -Would meet with staff to reiterate clients can not leave the line of sight of staff.		STATEMEN AND PLAN
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEARINGTON ROAD CHARLOTTE, NC 28216 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 3 -Would meet with staff to reiterate clients can not		
MIRACLE HOUSES-SWEARINGAN 5212 SWEARINGTON ROAD CHARLOTTE, NC 28216 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 3 -Would meet with staff to reiterate clients can not	MHL0601048	
(X4) ID PREFIX TAG CHARLOTTE, NC 28216 V 112 Continued From page 3 -Would meet with staff to reiterate clients can not		NAME OF P
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 3 -Would meet with staff to reiterate clients can not	SWEARINGAN	MIRACLE
-Would meet with staff to reiterate clients can not	MMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX
	eet with staff to reiterate clients can no	

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Division of Health Service Regulation STATE FORM