## PRINTED: 10/30/2024 FORM APPROVED

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL060785	B. WING		10	/15/2024
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	ZIP CODE		
MIRACLE	HOUSE 1		LES COURT OTTE, NC 28226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	CTION SHOULD BE CO THE APPROPRIATE	
V 000	INITIAL COMMENTS		V 000			
	An annual and complaint survey was completed on October 15, 2024. The complaints were unsubstantiated (intake #NC00220713, #NC00221733 and #NC00221736). A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.					
	census of 4. The sur	ed for 6 and has a current vey sample consisted of ents and 1 former client.				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
		nd observation the facility n a clean, safe, attractive				
		m revealed:				
	-The downspout on t the facility was bent a	n was rotted and cracked. he front facing left corner of and the bottom of the spout way from the foundation was				

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V 736	Continued From page	e 1	V 736				
	piece of wood siding was detached and hu downspout and partia vent. -The gutters on the fr had debris, leaves ar -A hole approximatel siding on the wall be the back deck area. -The downspout atta (from the corner over the upper seam. -In the kitchen betwe washer was an appro- piece of title. -There was a hole ap the hallway closet do -The upstairs bathroo scattered clusters of brownish/black spots -A hole approximatel wall facing the vanity cabinet. -The bathtub contain (unknown substance tub and tile and arou	ally covered the basement ront left side of the facility nd seedlings in them. y 2 x 4 inches in the wood tween the sliding doors, in ched to the adjacent wall r deck) was disconnected at wen the stove and the dish portimately 4 to 6 inch missing oproximately 2 x 2 inches in for. om ceiling contained pinpoint sized dark s. y 2 inches was in the left side beneath the medicine ed a black substance ) in the seam between the					
	-The rail (upper level from the third floor to -The hardware that c	rer had 5 broken slates. set) in the stairway leading the second floor was loose. connected the railing to the a caused the railing to be					
	the top drawer.	t #3's bedroom was missing door had 3 pieces of blue					

STATE FORM

KHUZ11

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060785	B. WING		10	/15/2024
ME OF PROVIDER (	OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
RACLE HOUSE	1		ILES COURT OTTE, NC 28226			
	EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN ( PREFIX (EACH CORRECTIVE A TAG CROSS-REFERENCED TO DEFICIE		CTION SHOULD BE COMPLE D THE APPROPRIATE DATE	
V 736 Contin	ued From pag	e 2	V 736			
togethe -A whit beneat -There the bec -A 4 inc -A open	er. e 3 ring binde h the door to l was a hole a troom door. ch tear in carp n electrical bo	om outer frame of the door r was placed on the floor hold it open. pproximately 2 x 5 inches in et near the doorway. x with exposed wires. window blinds.				

KHUZ11