Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING mhl060-957 09/20/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6421 MONTEITH DRIVE **MIRACLE HOUSES - MONTEITH CHARLOTTE, NC 28213** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (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 000 V 000 INITIAL COMMENTS An annual and complaint survey was completed The Executive Director will complete monthly walk on 9-20-24. The complaint was unsubstantiated through to ensure all maintenance on the facility are (intake #NC00221405). A deficiency was cited. repaired accordingly. The House Manager will complete a bi-weekly report to Executive Director when house items needs to be repaired or replaced. This facility is licensed for the following service Once the items has been repaired the report will be category: 10A NCAC 27G .1700 Residential checked off and given to Executive Director. 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 736 27G .0303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G .0303 LOCATION AND **EXTERIOR REQUIREMENTS** (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a clean, orderly, safe and attractive manner. The findings are: Observation on 9-4-24 between 3:30pm and 5:30pm revealed: 10/01/2024 The small loveseat has been replaced. -The living room contained a small loveseat with two worn, deflated cushions. The sink and the vanity has been replaced with a 10/19/2024 -The hallway bathroom: The back of the sink was new one. The entire bathroom has been painted. pulling away from the wall causing an The wall behind the toilet sand and painted. The approximate quarter inch gap between the wall entire bathtub was refurbished. The shower and the sink. The wall between the vanity and head was repaired. The sink and vanity set was the toilet had chipped and peeling paint from the replace with new one top of the sink to the bottom wall leading to the toilet: Behind the toilet the wall was wrinkled. The Division of Health Service Regulation

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

Guechan

(X6) DATE

STATE FORM 6899

If continuation sheet 1 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		mhl060-957	B. WING		09/20/2024		
MIRACLE HOUSES - MONTEITH 6421 MONTE				DRESS, CITY, STATE, ZIP CODE TEITH DRIVE TE, NC 28213			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	TIVE ACTION SHOULD BE CED TO THE APPROPRIATE		
V 736	wall had been puttied sanded or completely around the bathtub w of the bathtub was ch drain in the bathtub w substance was in the bathtub to the ceiling pulled from the wall winch gap in the wall. -Exposed particle boathe vanity from the to of the vanity. The valuat started on the left to the bottom of the v ten to twelve inches lewas rusted.	and painted over but not repaired. The caulking as black. The entire bottom ipped and peeling. The ras rusted. A brownish title that extended from the The shower head was which left a approximate two ard wood on the right side of pright corner to the bottom inity sink had a large crack to side of the vanity and ran anity bowl (approximately ong). The drain in the vanity droom door was missing.	V 736				
	stay in the open posit The ceiling fan light d wall approximately te two foot area (approx	edroom window would not ion without being held open. id not work. A hole in the n by twelve inches big. A imately) at the bottom of the itched but not painted.		The bedroom door was never missing to maintenance man replaced the old doc surveyor was on sight. The window has repaired to remain open. The ceiling fawas repaired and now working. The howall was repaired and painted	r while s been an light	10/19/2024	
	Two of two windows we being held open. The extra furniture and codresser, a six drawer	fan and light not working. would not stay open without e room was used to store intained a seven drawer dresser and a five drawer i was not being used by the		Ceiling fan and light repaired and work windows are repaired and remains ope room is used for storage.		10/19/2024	
	four drawer dresser v per drawer). One of t and would not stay of approximately 5 to 7 wall near the door fra	fan and light did not work. A vith eight missing pulls (two wo windows was off track pen. Three areas inches in diameter on the ime, behind the door and at I by the bed had been		New dresser drawer replaced the four dresser. All windows were repaired an open. The puttied wall sand and painte 	d remains	10/01/2024	

VKJW11

6899

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
		A. BUILDING.		ran			
mhl060-957		B. WING		09/20/2024			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MIRACLE	HOUSES - MONTEITH		TEITH DRIVE TE, NC 28213				
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	LD BE COMPLET		
V 736	Continued From page 2		V 736			_	
	puttied and spackled but not painted.						
-	Bedroom #4: Light in and there was no other the window would not plastic slats in the blir seven inches long the approximately 7 plast from the blinds. A smarea on the wall by the three inch) area over (approximately twelved dresser that was putted interview on 9-4-24 were "I'm getting a newer "I'm getting a newer "I'm setting a ne	the ceiling fan did not work er light source in the room. In the stay open. There were 3 ands approximately six to at were bent or broken and it is slats that were missing all (approximately one inch) are bed, a medium (two to the bed and a large area as by sixteen) behind the fied but not painted. With Client #1 revealed: door today (9-4-24)" Inst (it the door), trying to		Ceiling fan light was repaired a light is in the consumer room at the time of the inspection window was repaired to stay open. Blinds a Area puttied was painted.	. The	10/19/2024	
		III) was there when I got here (client) that was here before					
	Interview on 9/4/24 w -"I get dressed by the using light coming fro lights work." -"Been like this since hallway light when I r -Observed client walk dresser and demonst	rith Client #4 revealed: I light from the window or by I came (to facility). I use the I came (to facility). I use the I between his bed and his I cate how he gets dressed I the light from the hallway.					
	room. "They are fixing The maintenance magnetic representations." The maintenance magnetic representations are supported by the maintenance of the	acing door to Client #1's ng his door today (9-4-24). nn has gone to pick it up."					

Division of Health Service Regulation

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
mhl060-957		B. WING		09/2	09/20/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MIRACLE HOUSES - MONTEITH CHARLOTTE, NC 28213							
(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 CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE			
V 736	those (dressers) don't #2)." Interview on 9/20/24 v revealed: -Light in Client #4's ro maintenance is support	with Qualified Professional from, "doesn't work but from to be fixing." House Manager revealed: d that part"	V 736	DEFICIENCY)			

Division of Health Service Regulation

VKJW11