STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		MHL047-131	B. WING	<u>.</u>	01/	15/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
HOPE GA	ARDENS TREATMEN	T CENTER	URNPIKE ROA			
RAEFOR			ORD, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	completed on Janu	nt and follow-up survey was ary 15, 2020. The complaint (intake #NC00159041). sited.				
	category: 10A NCA	sed for the following service C 27G .1900 Psychiatric ent for Children and				
V 364	G.S. 122C- 62 Add Facilities	ditional Rights in 24 Hour	V 364			
	Facilities.  (a) In addition to the 122C-51 through G who is receiving tre 24-hour facility keep (1) Send and receivances to writing massistance when not (2) Contact and cound at no cost to the physicians, and prividevelopmental disapprofessionals of his (3) Contact and countere is a client advothere is a client advothere.	ve sealed mail and have aterial, postage, and staff ecessary; insult with, at his own expense facility, legal counsel, privarate mental health, abilities, or substance abuse is choice; and insult with a client advocate it rocate. If in this subsection may not library and each adult client mats at all reasonable times, ided in subsections (e) and (in adult client who is receiving ation in a 24-hour facility at a ht to:	se te f pe ay h)			
	calls. All long distar	nce calls shall be paid for by e of making the call or made				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	BENTI TO THOM NOW BETT.		A. BUILDING:	<del></del>	COM	COMPLETED	
		MHL047-1	31	B. WING		01/	15/2020	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
			1958 TUR	NPIKE ROA	D			
HOPE G	ARDENS TREATMEN	T CENTER		D, NC 28376				
(X4) ID	SUMMARY STA	TEMENT OF DEFICI		ID	PROVIDER'S PLAN OF COF	RECTION	(X5)	
PREFIX TAG	(= 1 0 )   = = 1 0   =			PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE	
V 364	Continued From pa	ige 1		V 364				
V 364	Continued From parcollect to the receive (2) Receive visitors a.m. and 9:00 p.m. hours daily, two horp.m.; however visitiover therapies; (3) Communicate a supervision with indupon the consent of (4) Make visits out unless:  a. Commitment possault with a dead respondent was four insanity or incapable. The client was committed to the factommitment to a commitment to a commitment to a commitment to a commitment of the client is beto proceed pursuar A court order may expended the conditions prescribe (5) Be out of doors facilities and equipment in the conditions prescribe (5) Except as prohipersonal clothing a client is being held proceed pursuant to (7) Participate in re (8) Keep and spended proceed pursuant to (8) Keep and spe	ring party; is between the hard for a period of the individuals of the individuals of the individuals of the individuals of the custody roceedings were period by the custody and not guilty by the of proceeding voluntarily admit period of the Entry of the Entr	at least six all be after 6:00 e precedence appropriate own choice; y of the facility e initiated as ged with a polying an the reason of cy atted or er order of ay of the Department of the Department of the Department of the period of the vision; access to all exercise ep and use and u	V 364				
	own money; (9) Retain a driver prohibited by Chap							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL047-131		B. WING		01/1	5/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOPE G	ARDENS TREATMEN	T CENTER	NPIKE ROA ), NC 28376			
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	and (10)Have access to his private use. (c) In addition to the 122C-51 through Gand 122C-59 through Gand who is receiving tree 24-hour facility has proper adult supervecognition of the mindividual, the mindividual, the mindividual, the mindividual, intellect vocationally. In view and intellectual immediate 24-hour facility shall also reasonable efforts to the facility shall also reasonable efforts to client receives treat adult clients unless minor client dictate Each minor client whabilitation from a 2 (1) Communicate a guardian or the age custody of him; (2) Contact and coor that of his legally results of the facility, I physicians, private disabilities, or subshis or his legally results of the facility, I physicians, private disabilities, or subshis or his legally results of the facility of the rights specified restricted by the facility of the facility of the facility of the facility of the rights specified restricted by the facility of the	e rights enumerated in G.S. A.S. 122C-57 and G.S. A.S. 122C-61, each minor client atment or habilitation in a the right to have access to rision and guidance. In hinor's status as a developing r shall be provided able him to mature physically, equally, socially, and of the physical, emotional, naturity of the minor, the provide appropriate on and control consistent with the minor pursuant to this Part. So, where practical, make to ensure that each minor the treatment needs of the otherwise. Who is receiving treatment or each consult with his parents or ency or individual having legal msult with, at his own expense of responsible person and at no egal counsel, private mental health, developmental tance abuse professionals, of sponsible person's choice; and nsult with a client advocate, if	V 364			

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BZXX11 If continuation sheet 3 of 8

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL047-131	B. WING		01/15/202	.0
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOPE GARDENS TREATMENT CENTER		NPIKE ROAI D, NC 28376			
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COM	K5) PLETE ATE
of this section, each treatment or habilitate the right to:  (1) Make and received distance calls shall be time of making the creceiving party;  (2) Send and receive writing materials, powhen necessary;  (3) Under appropriate visitors between the p.m. for a period of a hours of which shall visiting shall not take therapies;  (4) Receive special training in accordance (5) Be out of doors recreation, and physis basis in accordance (6) Except as prohibit personal clothing an appropriate supervisional clothing an appropriate supervisional to determine can G.S. 15A-1002;  (7) Participate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and the safekeeping of personal clothing and the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the safekeeping of personal clothing and appropriate in rel (8) Have access to the s	ded in subsections (e) and (h) minor client who is receiving tion in a 24-hour facility has we telephone calls. All long pe paid for by the client at the call or made collect to the we mail and have access to stage, and staff assistance at esupervision, receive hours of 8:00 a.m. and 9:00 at least six hours daily, two be after 6:00 p.m.; however a precedence over school or education and vocational ce with federal and State law; daily and participate in play, sical exercise on a regular with his needs; bited by law, keep and use ad possessions under sion, unless the client is being apacity to proceed pursuant to ligious worship; individual storage space for personal belongings; and spend a reasonable sum	V 364			

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PRINTED: 01/21/2020 FORM APPROVED

Division of Health Service Regulation							
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
			B WING				
		MHL047-131	B. WING		01/1	5/2020	
NAME OF I	PROVIDER OR SUPPLIER	STDEET AI	ODDESS CITY (	STATE, ZIP CODE			
NAIVIL OI I	FINOVIDEIX OIX SOFFEIEIX						
HOPE G	ARDENS TREATMEN	TCENTER	RNPIKE ROA				
RAEFOR			D, NC 28376				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE	
				DEI IOIERO I )			
V 364	Continued From pa	age 4	V 364				
		:					
		indicates the detailed reason					
		The restriction shall be					
		ated to the client's treatment or					
		A restriction is effective for a					
		ed 30 days. An evaluation of					
		all be conducted by the					
		nal at least every seven days,					
		estriction may be removed.					
		a restriction shall be					
		client's record. Restrictions on					
		wed only by a written					
		by the qualified professional in					
		hat states the reason for the					
	renewal of the restr	riction. In the case of an adult					
	client who has not b	been adjudicated incompetent,					
	in each instance of	an initial restriction or renewal					
	of a restriction of rig	ghts, an individual designated					
	by the client shall, ι	upon the consent of the client,					
	be notified of the re	estriction and of the reason for					
	it. In the case of a r	minor client or an incompetent					
	adult client, the lega	ally responsible person shall					
		instance of an initial restriction					
	or renewal of a rest	triction of rights and of the					
		cation of the designated					
		responsible person shall be					
		ing in the client's record.					
		3					
	This Rule is not me	et as evidenced bv:					
		, and observation, the facility					
		clients were allowed to keep					
		slothing under appropriate					
		ng 3 of 3 clients (Clients #1, #2					
		sure that clients have the	'				
		e and receive confidential					
		e and receive confidential ecting 3 of 3 clients (Clients #1,					
	#2, and #3). The fi						
	#2, and $#3$ ). The in	nungs are.					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY	
	MHL047-131		131	B. WING		01/1	5/2020
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
HOPE G	ARDENS TREATMEN	T CENTER		NPIKE ROA D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICI Y MUST BE PRECED .SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 364	Continued From pa	age 5		V 364			
	Review on 1/15/20 -Admission date of -Diagnoses of Uns Disorder; Conduct Type; Attention Der Presentation (per h -Current treatment indicate the remove personal clothing.  Review on 1/15/20 -Admission date of -Diagnoses of Con Onset Type; Unspec Disorder; Attention Cannabis Use Disorder; Attention Cannabis Use Disorder; Post Traur -Current treatment indicate the remove personal clothing.	4/26/19. pecified Bipolar Disorder, Childh ficit Disorder, Co nistory). plan dated 12/9 al or refrain from  of Client #2's re 11/20/19. duct Disorder, Co ceified Bipolar ar Deficit Disorder order; Child Neg matic Stress Dis plan dated 12/3	and Related nood Onset ombined  /19 does not nusing  cord revealed: Childhood nd Related r, Combined; lect (per order. /19 does not				
	Review on 1/15/20 -Admission date of -Diagnoses of Con Onset Type; Post T Cannabis Use Disc Disorder; Child Phy -Current treatment indicate the remove personal clothing.  Review on 1/15/20 the "FAQ" section r -"Q- What items do the day of admission-"A -The facility pro- underwear, slippers -"Q: Are residents a phone calls?"	duct Disorder, Caraumatic Stress order, Severe; Alysical Abuse. plan dated 12/9 all or refrain from of the facility's verevealed: o I need to bring on?"	Childhood S Disorder; Icohol Use  /19 does not nusing  website under for my child on othing, ems."				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL047-131		B. WING		01/1	5/2020
HOPE GARDENS TREATMENT CENTER 1958 TUR			DRESS, CITY, S NPIKE ROA D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
V 364	-"A: Yes. Communi encouraged. You w call schedule shortl each resident has a ones."  Interview on 1/15/2 -He had to wear un -He was allowed to clothes after educa -He was only able t days of the week at Interview on 1/15/2 -He had to wear un -He was allowed to clothes after educa -He was only able t days of the week at Interview on 1/15/2 -He had to wear un -He was only allowed clothes after educa -Council had voted their regular cloths WednesdaysCouncil had voted regular cloths on To-Council was made -He was only able to days of the week at -He believed that it set scheduled time otherwise, they woutime.	cation with our residents is ill be provided with a phone y after admission to ensure an opportunity to call loved  0 with Client #1 revealed: iforms during education time. change into his regular tion time. o call his family on certain at certain times.  0 with Client #2 revealed: iforms during education time. change into his regular tion time. o call his family on certain at certain times.  0 with Client #3 revealed: iforms during education time. o call his family on certain at certain times.  0 with Client #3 revealed: iforms during education time. ed to change into his regular tion time twice a week. for Juniors to be able to use on Mondays and  for Seniors to wear their usedays and Fridays. up by the students. o call his family on certain at certain times. was fair for people to have a to call their families as alld be on the phone all the	V 364			
	AM of the facility re					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMP	SURVEY LETED	
				<del></del>		
		MHL047-131	B. WING		01/1	5/2020
NAME OF I				STATE, ZIP CODE		
HOPE GARDENS TREATMENT CENTER  1958 TUR  PAFFORI			NPIKE ROA ), NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 7	V 364			
	-All students were wearing a dark green polo shirt with the facility emblemAll students were wearing khaki pants.					
	revealed: -All students worn t time.	0 with the Team Leader heir uniforms during education				
	-Students were able to change into their regular clothes afterwards.  -Changes had been made recently at the facility after a person from Disability Rights had come and explained the general statutes regarding client rights in a 24 hour facility.  -Some of the students may had still be thinking about the old rules.  -Students were able to use their regular clothes for education, but they would not earn points for that day.  -If a student really needed to use the phone, they were allowed by the staff at any time.					

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