Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
			D WING			С
		MHL047-131	B. WING		01/	06/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HOPE G	ARDENS TREATMENT	T CENTER	RNPIKE ROA RD, 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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	on January 6, 2022	low up survey was completed . The complaint was ke #: NC00183840). A d.				
	category: 10A NCA	sed for the following service C 27G .1900 PRTF- ntial Treatment Facility for scents.				
	The survey sample	consisted of 5 current clients				
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND IREMENTS If its grounds shall be e, clean, attractive and orderly e kept free from offensive	,			
	failed to ensure faci	et as evidenced by: ion and interview, the facility ility grounds were maintained I attractive manner. The				
	#1 revealed: -Walls needed to be scratches on themDoor frame was did away.	rty and had paint chipped	ח			
	Observation on 1/6/	/22 at about 11:48 AM of				

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

TITLE (X6) DATE Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S IDENTIFICAT	SUPPLIER/CLIA FION NUMBER:	` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL047	-131	B. WING			C <b>06/2022</b>	
	PROVIDER OR SUPPLIER ARDENS TREATMEN	T CENTER	1958 TUR	DRESS, CITY, S INPIKE ROAI D, NC 28376				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		CIENCIES DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	S PLAN OF CORRECTION (X5) ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE DATE DEFICIENCY)		
V 736	Continued From particles and was broken.  Observation on 1/6, Room #6 revealed: -Paint under the wire-Curtain from between and were brokenAir conditioning versions on 1/6, Activity Room revealed: -All the wall corners had paint missing.  Observation on 1/6, #9 (currently emptyshor handle was become of the rule of	aled: wall splash ins /22 at about 11 ndow was chip een the windov nt on the ceilin /22 at about 11 aled: s of the room w /22 at about 11 nower was /22 at about 11 curn cover was nober baseboar /22 at about 11 curn cover was nober baseboar /22 at about 11 curn cover was nober baseboar /22 at about 11 curn cover was nober baseboar /22 at about 11 curn cover was nober baseboar /22 at about 11 curn cover was nober baseboar /22 at about 11 curn cover was nober baseboar /22 at about 11 curn cover was nober baseboar	2:50 AM of ping off. vs had fallen g was missing. 2:52 AM of the vere dirty and 2:54 AM of room missing. 2:56 AM of room missing. 3:57 AM of the ges of the door. 3:57 autive Director needed to be a to repair the	V 736				

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STATE FORM 6899 GHLP11 If continuation sheet 2 of 3

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MHL047-131  B. WING	A. BUILDING:	IDENTIFICATION NUMBER:	N OF CORRECTION	AND PLAN
NAME OF DROUGHED OR GUIDRUICH	B. WING	MHL047-131		
HOPE GARDENS TREATMENT CENTER  1958 TURNPIKE ROAD RAEFORD, NC 28376		CENTER 1958 TUR	PROVIDER OR SUPPLIER	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	Y FULL PREFIX (EACH COR	IUST BE PRECEDED BY FULL	(EACH DEFICIENCY	PREFIX
V 736  the wallsHe confirmed the facility failed to ensure grounds were maintained in a safe, clean, attractive and orderly manner.	re grounds	cility failed to ensure grounds	the wallsHe confirmed the factor were maintained in	V 736

6899

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