PRINTED: 07/21/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		MHL047-131			07/20/2022		
			DDRESS, CITY, ST	TATE, ZIP CODE			
IOPE GA	ARDENS TREATMEN	T CENTER 1958 TU	RNPIKE ROAD RD, 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLET THE APPROPRIATE DATE		
V 000	INITIAL COMMENTS		V 000				
	An annual and follow-up survey was completed on July 20, 2022. Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .1900 PRTF- Psychiatric Residential Treatment Facility for Children and Adolescents.						
		sed for 12 and currently has a survey sample consisted of clients.					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQU (c) Each facility and maintained in a saf	03 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
	failed to ensure fac	et as evidenced by: ion and interview, the facility ility grounds were maintained attractive manner. The					
	pm of the facility re -Common Area- La had its paint stripped had paint stripped of -Room 12- There w had paint stripped of	rge section on wall near maps ed off. Wall near laundry door off on corner of wall. /ere patches on the walls that					

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Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 07/20/2022	
		MHL047-131				
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE		
HOPE G	ARDENS TREATMEN		NPIKE ROAD), NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	TION SHOULD BE COMPL THE APPROPRIATE DATE	
V 736	Continued From pa	ige 1	V 736			
	patches on the wall stripped off. Blinds warped by the sun. -Room 10- Air cond was missing. -Room 9- Air condi missing. -Bathroom #1- Sho the floor. -Bathroom #2- Sho crack/hole on the w Scotch tape. Plastic stall was broken in -Hallway leading to were painted with p been applied. -Room 8- Walls we final paint had not k -Room 7- Walls we final paint had not k -Room 6- Walls we final paint had not k -Room 5- Walls we final paint had not k	ditioning vent from the ceiling tioning vent from ceiling was wer stall had a crack/hole on wer stall had a large vall that had been patched with c corner strip next to shower the middle. rooms 5 to room 8- Walls orimer, but final paint had not re painted with primer, but been applied. re painted with primer, but been applied. with the Executive Director antly having to do repairs. damages. They would strip he walls as well as punched wer stalls were being a hoping and trying to have				

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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		
			A. BUILDING:			
		MHL047-131	B. WING		07/	20/2022
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
OPE GA	ARDENS TREATMEN		RNPIKE ROAD RD, NC 28376			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN O			
PRÉFIX TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	HE APPROPRIATE	COMPLET DATE
V 736	Continued From pa	age 2	V 736			
	This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.					

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