

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2022
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NAME OF PROVIDER OR SUPPLIER HOPE GARDENS TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1958 TURNPIKE ROAD RAEFORD, NC 28376
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(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on July 20, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 PRTF- Psychiatric Residential Treatment Facility for Children and Adolescents.</p> <p>This facility is licensed for 12 and currently has a census of 12, The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 7/20/22 between 1:05 pm to 1:30 pm of the facility revealed:</p> <ul style="list-style-type: none"> -Common Area- Large section on wall near maps had its paint stripped off. Wall near laundry door had paint stripped off on corner of wall. -Room 12- There were patches on the walls that had paint stripped off. -Room 11- The vinyl wall base from bottom of two 	V 736	<p style="text-align: center;">RECEIVED AUG 04 2022 DHSR-MH Licensure Sect</p>	

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

TITLE

(X6) DATE

Michael J. McNeal

Director of Operations

7/25/2022

STATE FORM

6899

Z67M11

If continuation sheet 1 of 3

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<p>V 736</p>	<p>Continued From page 1</p> <p>of the walls was off and/or missing. There were patches on the walls where paint had been stripped off. Blinds from window were stained and warped by the sun.</p> <p>-Room 10- Air conditioning vent from the ceiling was missing.</p> <p>-Room 9- Air conditioning vent from ceiling was missing.</p> <p>-Bathroom #1- Shower stall had a crack/hole on the floor.</p> <p>-Bathroom #2- Shower stall had a large crack/hole on the wall that had been patched with Scotch tape. Plastic corner strip next to shower stall was broken in the middle.</p> <p>-Hallway leading to rooms 5 to room 8- Walls were painted with primer, but final paint had not been applied.</p> <p>-Room 8- Walls were painted with primer, but final paint had not been applied.</p> <p>-Room 7- Walls were painted with primer, but final paint had not been applied.</p> <p>-Room 6- Walls were painted with primer, but final paint had not been applied.</p> <p>-Room 5- Walls were painted with primer, but final paint had not been applied.</p> <p>Interview on 1/6/22 with the Executive Director revealed:</p> <p>-Facility was constantly having to do repairs. Clients did property damages. They would strip the paint off from the walls as well as punched holes in the walls.</p> <p>-Cracks on the shower stalls were being addressed. He was hoping and trying to have other two showers replaced with tiles.</p> <p>-Facility was planning to continue painting walls as needed.</p> <p>-He confirmed the facility failed to ensure grounds were maintained in a safe, clean, attractive and orderly manner.</p>	<p>V 736</p>	<p>Painters will be scheduled to paint throughout the facility. A daily inspection form will be completed each shift to keep up with needed repairs. This process will be conducted by the shift leaders for their shifts. The Senior Team Leader will then follow up and generate a work order, which will be sent to the maintenance department. This process will be monitored weekly by the facility Executive Director and the Director of Operations. Strict adherence to this policy will be enforced and failure to follow policy will result in disciplinary actions.</p>	
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If continuation sheet 2 of 3

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V 736	<p>Continued From page 2</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		