

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 11/18/2022
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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>A limited follow up survey for the Type A1 was completed on November 18, 2022. This was a limited follow up survey, only 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect or Exploitation (V512) and 10A NCAC 27G .0303 Facility and Grounds Maintenance were reviewed for compliance. The following was brought back into compliance: 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect or Exploitation (V512). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 12 and currently has a census of 11. 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 safe, clean, attractive and orderly manner. The findings are:</p>	V 736	<p>DHSR - Mental Health</p> <p>DEC 08 2022</p> <p>Lic. & Cert. Section</p>	

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

TITLE

(X6) DATE

STATE FORM		6899	XGX211	If continuation sheet 1 of 3	
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 11/18/2022	
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<p>V 736</p>	<p>Continued From page 1</p> <p>Observation on 11/18/22 at approximately 11:00 am revealed:</p> <ul style="list-style-type: none"> -Client #1's bedroom-Peeling paint and cracks in the walls. Writing on the door. Broken blinds. Baseboards were pulled off of walls. -Client #2's bedroom-Pencil markings on wall. -Client #3's bedroom-Broken blinds. Trash in between plexiglass window. Cover missing over light switch. Cover missing over ceiling light. Cover missing over ceiling vent. -Client #4's bedroom-Cover over light was switch loose. Trash in between plexiglass window. -Client #5's bedroom- Trash in between plexiglass window. Broken blinds. -Client #6's bedroom- Trash in between plexiglass window. Broken blinds. -Client #7's bedroom- Trash in between plexiglass window. Broken blinds. -Client #8's bedroom- Trash in between plexiglass window. Broken blinds. -Client #9's bedroom- Vent cover missing on ceiling. Trash in between plexiglass window. -Client #10's bedroom- Vent cover missing on ceiling. Stickers on plexiglass window. Broken blinds. -Client #11's bedroom-Three small cracks in the wall. Broken blinds. -Empty bedroom-Peeling paint on the walls. <p>Interview on 11/18/22 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -Management was aware of the maintenance issues with the facility. -He was putting work orders in for most of those maintenance issues over the last few weeks. -They were still waiting for people to complete the repairs to the facility. -He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. 	<p>V 736</p>		
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STATE FORM

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XGX211

If continuation sheet 2 of 3

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<p>NAME OF PROVIDER OR SUPPLIER</p> <p>HOPE GARDENS TREATMENT CENTER</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>1958 TURNPIKE ROAD RAEFORD, NC 28376</p>	

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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	<p>Shift leaders will conduct a facility inspection daily. The facility Director will use facility inspection to create a work order for repairs needed. Work order will be sent to Director of Operations and facility maintenance team. The Director of Operations will conduct additional inspections and work directly with Head of Maintenance Team to ensure that all repairs are completed in a timely matter.</p>	