Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SI IDENTIFICATION		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL047-1	31	B. WING		09/2	27/2024
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOPE G	ARDENS TREATMEN	T CENTER		NPIKE ROAI 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 APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	TS		V 000			
	An annual and follow up survey was completed on September 27, 2024. Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.						
	This facility is licensed for 12 and has a current census of 11. The survey sample consisted of audits of 4 current clients.						
V 106	27G .0201 (A) (8-1 POLICIES	8) (B) GOVERN	ING BODY	V 106			
	10A NCAC 27G .02 POLICIES	201 GOVERNIN	G BODY				
	(a) The governing facility or service si written policies for (8) use of medicati	hall develop and the following:	implement				
	with the rules in thi (9) reporting of any or medication error	rincident, unusu ;					
	(10) voluntary non- by a client;	•	·				
	(11) client fee asse practices;(12) medical prepa						
	medical emergence (13) authorization f	y; or and follow up	of lab tests;				
	(14) transportation emergency informa (15) services of vo- and requirements f	ation for a client; lunteers, includir	ng supervision				
	confidentiality; (16) areas in which nonprofessional sta	staff, including					
	continuing education						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MHL047	'-131	B. WING		09/:	27/2024
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
HOPE G	ARDENS TREATMENT	CENTER		NPIKE ROAI D, NC 28376			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 106	(17) safety precauti facility areas includi areas; and (18) client grievance for review and disport (b) Minutes of the gpermanently mainta	ons and requing special clice policy, includes sition of clien overning body ained.	ent activity ding procedures at grievances. y shall be	V 106			
	This Rule is not me Based on record refailed to implement The findings are: Review on 9/19/24 - Admission date of -Diagnoses of Post Conduct Disorder, Mattention Deficit Hy and Bipolar Disorder of -He was 16 years of -Physician's order of 15 milligrams (mg) bedtimePhysician's order of Fumarate 300 mg (dailyPhysician's order of HCL 100 mg (ADHI-Physician's order of HCL 10 mg (Allergian Review on 9/19/24 Administration Recorevealed:	view and inter a policy for in of client #3's r 2/23/24. -traumatic Str Major Depress peractivity Diser-Unspecified Id. lated 9/12/24 (Depression), lated 9/11/24 Depression), lated 8/27/24 D), one capsulated 6/10/24 es), one table	rviews the facility cident reporting. record revealed: ress Disorder, sive Disorder, order (ADHD) for Mirtazapine one tablet at for Quetiapine one tablet twice for Atomoxetine le at bedtime. for Cetirizine t daily.				

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Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL047-131	B. WING		09/2	7/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HOPE G	ARDENS TREATMEN	TCENTER	RNPIKE ROA D, NC 28376	0		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 106	medication- Atomo Quetiapine Fumara mg and Mirtazapine August 2024 (Back-On 8/26 and 8/27 HCL 100 mg. July 2024 MAR (Ba-On 7/7 client #3 remedication was ide Review on 9/19/24 reporting policy rev "Level 1 Incidents: consistent with the or service or routing is likely to lead to a consumer and doe Level II or Level III following: Any medication error medication, wrong prescribed time), mrefusal that does notified of the error reported to Local Machine III medication Review on 9/19/24 -There was no doc reports completed refusals for client #Interview on 9/20/2	Back of MAR)- 18/24 client #3 refused xetine HCL 100 mg; ate 300 mg; Cetirizine HCL 10 e 15 mg. Tof MAR)-client #3 refused Atomoxetine ack of MAR) efused medication (no specific entified). Tof the facility's incident realed: Any happening which is not routine operation of a facility e care of a consumer and that dverse effects upon a s not meet the definition of a incident. This includes the cor such as wrong dose, wrong time (over 1 hour from hissed dose or medication of threaten the consumer's determined by the physician (); (aggregate numbers will be lanagement Entity (LME) for errors quarterly)." Tof facility records revealed: umentation of Level 1 incident for the above medication	V 106			
	#2 revealed: -She checked the o	dates for the missing incident				

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Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		MHL047-131	B. WING		09/2	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOPE G	ARDENS TREATMEN	T CENTER	NPIKE ROA D, NC 28376			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT!	ON.	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
V 106	6 Continued From page 3		V 106			
	or in the incident re-RN #4 worked on #3 had those medicatin-RN #1 worked on had those medicatir-She was not sure completed on those -"[RN #4] may not kincident report if clinterview on 9/20/2 -Client #3 refused times. -Client #3 just recemedication a few did not do an immedication refusals	9/17, 9/18 and 7/7 when client cation refusals. 8/26 and 8/27 when client #3 ons refusals. why incident reports were not e dates. know he is supposed to do an ents refuse their medication." 4 with RN #4 revealed: to take his medication a few ently refused to take his ays ago. Incident report for any of the sets.				
	Administration reverses and administration reverses and a didn't know of medication. -The Executive Directly ensuring the nurses reports for medicational recently in the property of the pro	ient #3 was refusing his ector (ED) was responsible for s were completing incident ion refusals. talked to the EDs about urses were doing incident				
V 112	27G .0205 (C-D) Assessment/Treatr	ment/Habilitation Plan	V 112			
	10A NCAC 27G .02 TREATMENT/HAB PLAN	205 ASSESSMENT AND ILITATION OR SERVICE				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MHL047-1	31	B. WING		09/	27/2024
	PROVIDER OR SUPPLIER ARDENS TREATMEN	T CENTER	1958 TUR	DRESS, CITY, S NPIKE ROAI D, NC 28376			
(X4) ID PREFIX TAG		TEMENT OF DEFICI MUST BE PRECED SC IDENTIFYING INF	ENCIES ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From particles (c) The plan shall the assessment, and in legally responsible of admission for clie receive services be (d) The plan shall if (1) client outcome (achieved by provisi projected date of active (2) strategies; (3) staff responsible (4) a schedule for annually in consultar responsible person (5) basis for evalua outcome achievem (6) written consent responsible party, oprovider stating why obtained.	pe developed bate partnership with person or both, ents who are extyond 30 days. Include: (a) that are anticon of the service chievement; (b) review of the plation with the clie or both; atton or assessment; and or agreement but a written state	h the client or within 30 days pected to sipated to be and a an at least ent or legally ment of sy the client or ement by the	V 112			
	This Rule is not me Based on record re facility failed to dev to meet the needs of clients (#3 and #4).	views and intervelop and implender two of four au	views, the nent strategies dited current				
	Review on 9/19/24 -Admission date of -Diagnoses of Post Conduct Disorder	2/23/24. -traumatic Stres	s Disorder,				

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STATE FORM K2G511 If continuation sheet 5 of 29

Division of Health Service Regulation

	of Health Service Re			(VO) MULTIPL	E CONCERNICATION	(VO) DATE	OLIDVEY.
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S IDENTIFICAT	SUPPLIER/CLIA FION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	LETED
				א. אוועטוועט:			
		MHL047	-131	B. WING		09/2	7/2024
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY S	STATE, ZIP CODE		
10 001	TO VIDENCE ON COLL FILENCE			NPIKE ROA			
HOPE G	ARDENS TREATMENT	CENTER		D, NC 28376			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRESS OF THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 5		V 112			
V 112	Attention Deficit Hyll Bipolar Disorder-Urri-He was 16 years or -Physician's order of 15 milligrams (mg) bedtimePhysician's order of Eumarate 300 mg (dailyPhysician's order of HCL 100 mg (ADHI-Physician's order of HCL 10 mg (Allergies-Person Centered Fino strategies to addressed Review on 9/19/24 Administration Recorded: September 2024 (Biggies-On 9/17/24 and 9/17 medication-Atomos	peractivity Discuspecified. Id. Id. Id. Idented 9/12/24 f (Depression), of the second	for Mirtazapine one tablet at or Quetiapine one tablet twice one tablet twice for Atomoxetine e at bedtime. For Cetirizine daily. ed 3/7/24 had on refusals. on a client #3	V 112			
	Quetiapine Fumara mg and Mirtazapine August 2024 (Back	of MAR)-					
	-On 8/26 and 8/27 of HCL 100 mg.	ment #3 retuse	ou Alomoxeline				
	July 2024 MAR (Ba -On 7/7 client #3 remedication was ide	fused medicat	ion (no specific				
	Review on 9/19/24 revealed: -On 9/19/24 and 8/2 refused morning do mgOn 4/25/24 and 4/2	25/24 thru 8/21 ses of Atomox	1/24 client #3 cetine HCL 100				

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STATE FORM K2G511 If continuation sheet 6 of 29

Division of Health Service Regulation

	of Fleatiff Service IN					-
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
, , , , , , , , , , , , , , , , , , , ,	5. 5514.E511014		A. BUILDING:			
		MHL047-131	B. WING		09/2	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1958 TUR	NPIKE ROA	D		
HOPE GARDENS TREATMENT CENTER RAEFOR			D, NC 28376	1		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	 NC	(X5)
PRÉFIX	`	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				,		
V 112	Continued From pa	ge 6	V 112			
	Atomoxetine HCL 1	00 mg and Benztropine				
	Mesylate 2 mg mor					
		-				
		of client #4's record revealed:				
	-Admission date of					
		uptive Mood Dysregulation Disorder and Mild Intellectual				
	Disability.	Disorder and wild intellectual				
	-He was 13 years old.					
	-Physician's order dated 9/10/24 for Zyprexa 10					
	mg (Bipolar Disorder), one tablet daily.					
		dated 7/16/24 for Propranolol				
		Pressure), one tablet three				
	times daily;	and tablet three times daily				
		one tablet three times daily lium Delayed Release (DR)				
	500 mg (Bipolar Dis					
		dated 1/24/24-Ferrous Sulfate				
		ency), one tablet in the				
		500 mg (Immune Health),				
		orning; Vitamin D 325				
		(Vitamin D deficiency), one				
		g and Metformin HCL 1000				
	mg (High Blood Su	gar Levels). 23 and updated 2/28/24, had				
		dress medication refusals.				
	Review on 9/19/24	of incident reports for client #4				
	revealed:					
	0:- 0/40/04 - 11:- 1:-	44				
	-On 9/19/24 client # medication-	44 reiuseα δ:υυ am				
	Ferrous Sulfate 325	5 ma				
	Vitamin C 500 mg	,a				
	Vitamin D 325 mcg					
	Quetiapine Fumara					
	Propranolol 20 mg					
	Propranolol 40 mg					
	Zyprexa 10 mg	DD 500				
	Divalproex Sodium	DK 500 mg				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL047-131		B. WING		09/2	27/2024	
NAME OF I	PROVIDER OR SUPPLIER	5	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
HOPE G	ARDENS TREATMEN	LCENTER		NPIKE ROA D, NC 28376				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 112	Continued From pa	age 7		V 112				
	-On 5/17/24-client #4 stated that he is not taking anymore medication. (No specific medication identified).							
	-On 5/16/24-client #4 refused 1:00 pm and 6:00 pm medication. Metformin HCL 1000 mg. Client #4 stated that he is not taking anymore medication.							
	Interview on 9/20/24 with client #3 revealed: -He had a few medication refusals over the last three months"I refused my medication because it was making me tired."							
		4 with client #4 reveale nedication sometimes beepy."						
	#1 revealed: -She was aware of their medication"[Client #4] likes to out of bed to do an -Client #3 refused limits.	4 with Registered Nurs clients #3 and #4 refus sleep and doesn't war ything." his medication because n made him feel sick.	sing nt to get					
	Administration reverses and a distribution of the didn't know of medication. -She was aware climedication. -The Care Manage strategies were addrated of the confirmed clients.	24 with the Vice President aled: ient #3 was refusing his ent #4 was refusing his er was responsible for edded to a client's plan. ents #3 and #4 had no ss medication refusals.	s ensuring					

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STATE FORM K2G511 If continuation sheet 8 of 29

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY
						
		MHL047-131	B. WING		09/2	27/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
HOPE G	ARDENS TREATMEN	T CENTER	RNPIKE ROA D, 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 ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 123	Continued From pa	ige 8	V 123			
V 123	27G .0209 (H) Med	lication Requirements	V 123			
	and significant advireported immediate pharmacist. An ent and the drug reacti	rs. Drug administration errors erse drug reactions shall be ely to a physician or ry of the drug administered on shall be properly recorded A client's refusal of a drug				
	Based on record re facility failed to ens reported immediate	et as evidenced by: eviews and interviews, the ure medication refusals were ely to a physician or pharmacis dited current clients (#2). The	t			
	-Admission date of -Diagnoses of Post Conduct Disorder, Attention Deficit Hy Bipolar Disorder-UI-He was 16 years of -Physician's order of 5 milligrams (mg) bedtimePhysician's order of Fumarate 300 mg (daily.	traumatic Stress Disorder, Major Depressive Disorder, peractivity Disorder (ADHD), enspecified.				

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Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		MHL047-131	B. WING		09/2	27/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOPE G	ARDENS TREATMEN	T CENTER	RNPIKE ROA D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 123	Continued From page 9		V 123			
	-Physician's order	D), one capsule at bedtime. dated 6/10/24 for Cetirizine es), one tablet daily.				
	Review on 9/19/24 Administration Rec revealed:	2024 Medication ords (MAR) for client #3				
	September 2024 (Back of MAR)- -On 9/17/24 and 9/18/24 client #3 refused medication- Atomoxetine HCL 100 mg; Quetiapine Fumarate 300 mg; Cetirizine HCL 10 mg and Mirtazapine 15 mg.					
	August 2024 (Back -On 8/26 and 8/27 HCL 100 mg.	of MAR)- client #3 refused Atomoxetine				
	July 2024 MAR (Ba -On 7/7 client #3 re medication was ide	fused medication (no specific				
	revealed: -On 9/19/24 and 8/ refused morning domgOn 4/25/24 and 4/	of incident reports for client #3 25/24 thru 8/21/24 client #3 cses of Atomoxetine HCL 100 24/24 client #3 refused 100 mg and Benztropine rning doses.				
	-Admission date of -Diagnoses of Disri Disorder, Conduct Disability. -He was 13 years of -Physician's order of mg (Bipolar Disord	uptive Mood Dysregulation Disorder and Mild Intellectual				

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ווטופועום	of Health Service Re	eguiation	1		,	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MHL047-131	B. WING		09/2	7/2024
NAME OF F	PROVIDER OR SUPPLIER	CTDFFT AF	ODDESS CITY (STATE, ZIP CODE	-	
NAIVIE OF F	PROVIDER OR SUPPLIER					
HOPE GA	ARDENS TREATMEN	T CENTER	RNPIKE ROA			
			D, NC 28376			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 123	Continued From pa	ge 10	V 123			
	20 mg (High Blood	Pressure), one tablet three				
	times daily;	,				
		one tablet three times daily				
	•	dium Delayed Release (DR)				
	500 mg (Bipolar Dis					
		dated 1/24/24-Ferrous Sulfate				
		ency), one tablet in the				
	morning; Vitamin C 500 mg (Immune Health),					
	one tablet in the morning; Vitamin D 325 micrograms (mcg) (Vitamin D deficiency), one					
	tablet in the morning and Metformin HCL 1000					
	mg (High Blood Su					
		,				
		of incident reports for client #4				
	revealed:					
	-On 9/19/24 client #	th refused 8:00 am				
	medication-	4 refused 6.00 am				
	Ferrous Sulfate 325	5 ma				
	Vitamin C 500 mg	5 mg				
	Vitamin D 325 mcg					
	Propranolol 20 mg					
	Propranolol 40 mg					
	Zyprexa 10 mg					
	Divalproex Sodium	500 mg				
	O- 5/47/04 - 11 - 17	WA -4-4- d 4b-44 b - 2 4 4 - 1 2				
		#4 stated that he is not taking				
	anymore medicatio identified).	n. (No specific medication				
	identined).					
	-On 5/16/24-client #	#4 refused 1:00 pm and 6:00				
		tformin HCL 1000 mg. Client				
		not taking anymore				
	medication.	5 ,				
		ecords on 9/19/24 revealed:				
		umentation facility staff notified				
		armacist of medication				
	refusals for clients	#3 and #4.				

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Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MIII 047 404	B. WING			7/0004
		MHL047-131	D. WINO		09/2	7/2024
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
HOPE G	ARDENS TREATMEN	T CENTER	RNPIKE ROAI D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 123	Continued From pa	age 11	V 123			
	Interview on 9/20/2 revealed: -Clients #3 and #4 medication a few ti -"I didn't contact the refusals." -"I didn't know I wa [Psychiatrist]." Interview on 9/26/2 Administration reveals didn't know climedicationShe was aware climedicationThe Executive Direct ensuring the nurse about medication re-They just recently making sure the nurse	4 with Registered Nurse #4 refused to take their mes. e [Psychiatrist] for medication s supposed to contact the 4 with the Vice President of ealed: ient #3 was refusing his ent #4 was refusing his ector (ED) was responsible for s contacted the Psychiatrist				
V 365	G.S. 122C-224 Jud Admission	licial Review of Voluntary	V 365			
	admission. (a) When a minor is where the minor wis restrictions on his fin the State facilities similar restrictions, district court in the facility is located withe minor is admitted of not more than fix (b) Before the admitted.	al review of voluntary s admitted to a 24-hour facility Il be subjected to the same reedom of movement present s for the mentally ill, or to a hearing shall be held by the county in which the 24-hour ithin 15 days of the day that ed to the facility. A continuance we days may be granted. ission, the facility shall provide				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			
		MHL047-131	B. WING		09/2	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOPE G	ARDENS TREATMENT	T CENTER	NPIKE ROAI D, 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 365	•	ge 12 describing the procedures for	V 365			
	court review of the a about the discharge be informed that, af discharge, the facilithours during which a petition for involur (c) (Effective until C hours after admissic clerk of court in the located that the min a hearing for concurbe scheduled. At the schedule a hearing, clerk of the names a responsible person professional. (c) (Effective Octobafter admission, the court in the county of that the minor has be hearing for concurre scheduled. At the til a hearing, the facilit the names and add responsible person professional and (ii) of the legally respor application for admifacility's written eval which are required (1975, c. 839; 1977)	admission and informing them a procedures. They shall also fer a written request for ty may hold the minor for 72 time the facility may apply for nary commitment. October 1, 2019) Within 24 on, the facility shall notify the county where the facility is nor has been admitted and that rrence in the admission must e time notice is given to the facility shall notify the and addresses of the legally and the responsible of the facility is located been admitted and that a ence in the admission must be me notice is given to schedule the shall (i) notify the clerk of the ence in the admission must be me notice is given to schedule the shall (i) notify the clerk of the responsible of the legally and the responsible of the minor and the luation of the minor and the luation of the minor, both of under G.S. 122C-211(a). The procedures. They shall also for the minor, both of under G.S. 12979, c. 171, s. 1; 2; 1985, c. 589, s. 2; 1987, c.				
		es of clerk of court. of receipt of notice that a				

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL047-131	B. WING		09/2	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOPE G	ARDENS TREATMEN	T CENTER	NPIKE ROAI), 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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 365	restricted, an attorn minor in accordance Office of Indigent Diminor has been admentally ill, the atto attorney employed 122C-270(a) through conclusively presurnot be necessary forminor an affidavit of be paid a reasonable adopted by the Offic Services. The judge attorney's fee from as provided in G.S. 7A-450.4. (b) Upon receipt of admitted to a 24-hoof movement will be calendar a hearing admission for the pminor's admission. of the hearing shall 1A-1, Rule 4(j) to the as soon as possible before the schedule hearing shall be seperson and the respass possible but not hearing by first-class individual's last known (c) The clerk shall serehearings and senthis Part. (1987, c. 2)	m of movement will be be shall be appointed for the e with rules adopted by the refense Services. When a mitted to a State facility for the rney appointed shall be the in accordance with G.S. If (c). All minors shall be ned to be indigent, and it shall or the court to receive from any findigency. The attorney shall be fee in accordance with rules ce of Indigent Defense in may require payment of the aperson other than the minor 7A-450.1 through G.S. Inotice that a minor has been our facility wherein his freedom is restricted, the clerk shall to be held within 15 days of urpose of review of the Notice of the time and place be given as provided in G.S. The attorney in lieu of the minor, as but not later than 72 hours and hearing. Notice of the int to the legally responsible professional as soon later than 72 hours before the int to the legally responsible professional as soon later than 72 hours before the int to the legally responsible professional as soon later than 72 hours before the int to the legally responsible professional as soon later than 72 hours before the interpretation of the legally responsible professional as soon later than 72 hours before the interpretation of the legally responsible professional as soon later than 72 hours before the sex mail postage prepaid to the legally responsible and all notices as required by 370, s. 1; 2000-144, s. 37.)	V 365			
	§ 122C-224.2. Dution minor.	es of the attorney for the				

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL047-131	B. WING		09/2	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOPE G	ARDENS TREATMEN	T CENTER	NPIKE ROAI), 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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 365	(a) The attorney shall days of his apportunity and shall give the number of the time and place hours before the heapotential effects of minor. If the minor attorney shall file a the scheduled hear to be present at the during the minor's determines that the appear before the jutestimony, the attorney shall represent to (c) In all actions on attorney shall represent at the during the minor's right to (determines that the appear before the jutestimony, the attorney shall represent attorney shal	all meet with the minor within bintment but not later than 48 paring. In addition, the attorney nor of the scheduled hearing minor a copy of the notice of of the hearing no later than 48 paring. all counsel the minor ring procedure and the the hearing proceeding on the does not wish to appear, the motion with the court before ing to waive the minor's right the hearing procedure except own testimony. If the attorney is minor does not wish to udge to provide his own ney shall file a separate and the strone waive.	V 365			
	(a) Hearings shall be which the minor is I within the judge's d in G.S. 7A-133, unlet the court calendary scheduling. In case held in the 24-hour schedule the hearing including the judge not be held in a reg of the minor's attornal.	ring for review of admission. be held at the 24-hour facility in being treated, if it is located istrict court district as defined ess the judge determines that will be disrupted by such as where the hearing cannot be facility, the judge may ng in another location, s chambers. The hearing may ular courtroom, over objection ney, if in the discretion of the ole place is available.				

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL047-131	B. WING		09/27/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HODE G	ARDENS TREATMEN	T CENTER 1958 TUR	NPIKE ROAI	ס		
HOPE G	ARDENS INCATIVIEN	RAEFORE), 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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 365	1 0		V 365			
	the hearing unless the motion of the at appearance. Howeright to appear befor own testimony and questions unless the finding that the minupon motion of the (c) Certified copies physicians, psychologrofessionals as we medical records are the minor's right, the and cross-examine (d) Hearings shall be the attorney request (e) A copy of all docevidence and a transpersional to the clerk upon the direct that the copies shall be (f) For an admission hearing, the minor substance abuser at treatment at the 24 been admitted. Fur facility should be undersures will be in that the judge make in order to support admission. (g) The court shall dispositions: (1) If the court finds convincing evidence subsection (f) have concur with the volume of the control of the concur with the volume.	of reports and findings of logists and other responsible all as previous and current admissible in evidence, but rough his attorney, to confront witnesses may not be denied. The closed to the public unless				

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL047-131	B. WING		09/27/2024	
	PROVIDER OR SUPPLIER	T CENTER 1958 TUR	DRESS, CITY, S NPIKE ROAI 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 365	reasonable grounds requirements of sult that additional diagraneeded before the admission, the courauthorization of upstay, during which the evaluation shall be (3) If the court dete concurrence or con	exceed 90 days; or rmines that there exist is to believe that the besection (f) have been met but nosis and evaluation is court can concur in the rt may make a one time to an additional 15 days of ime further diagnosis and conducted; or rmines that the conditions for attinued diagnosis and to been met, the judge shall is been met, the judge shall is be released. The District Court in all arings is final. Appeal may be Appeals by the State or by any as in civil cases. The minor difference by the District Court or discussion of the appeal, refered by the District Court or sections.	V 365			
	(a) A minor admitte order of the court for evaluation shall have the responsible prominor is in need of time authorized by evaluation. (b) A minor admitte concurrence of the rehearing for further treatment before the by the court. The condumission in according	d to a 24-hour facility upon or further diagnosis and we the right to a rehearing if fessional determines that the further treatment beyond the the court for diagnosis and d to a 24-hour facility upon the court shall have the right to a reconcurrence in continued e end of the period authorized ourt shall review the continued dance with the hearing Part. The court may order				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		MHL047-131	B. WING		09/2	09/27/2024	
HOPE GARDENS TREATMENT CENTER 1958 TUI			DRESS, CITY, S NPIKE ROAI D, NC 28376	STATE, ZIP CODE D			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 365	discharge of the mimeets the criteria for continues to meet to court shall concur wo of the minor and seadmission for a per Subsequent rehear end of each subsequent	nor if the minor no longer or admission. If the minor the criteria for admission the with the continued admission at the length of the authorized riod not to exceed 180 days. Fings shall be scheduled at the quent authorized treatment are than every 180 days. The professional shall notify the 15 days before the end of the con, that continued stay beyond dission is recommended for the hall calendar the rehearing to end of the current authorized co. 370, s. 1.)	V 365				
	facility for the purposhall be provided under 122C-251. However obtain permission for provide transportation for the arings. (1987, c.) § 122C-224.6. Treater authorization for authorization for funder or concurrence in a professional may a reasonable and appreaament that is considered.	cation other than the treating ose of a hearing, transportation onder the provisions of G.S. or, the 24-hour facility may from the court to routinely ion of minors to and from					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLI AND PLAN OF CORRECTION IDENTIFICATION NU	IMPED:	•	E CONSTRUCTION	(X3) DATE	
MHL047-131	B.	. WING		09/2	7/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADDRE		TATE, ZIP CODE		
HOPE GARDENS TREATMENT CENTER	RAEFORD, N		,		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORM.	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
this Chapter. (b) The responsible professional may reminor conditionally for periods not in exdays on specified appropriate condition Violation of the conditions is grounds for the minor to the 24-hour facility. A law enforcement officer, on request of the responsible professional, shall take the custody and return him to the facility in accordance with G.S. 122C-205. (1987 1.) § 122C-224.7. Discharge. (a) The responsible professional shall unconditionally discharge a minor from at any time that it is determined that the no longer mentally ill or a substance ab no longer in need of treatment at the factory in the facility for 72 hours after receipt of the redischarge. If the responsible profession believes that the minor is mentally ill and dangerous to himself or others, he may petition for involuntary commitment under provisions of Part 7 of this Article. If the responsible professional believes that it is a substance abuser and dangerous to or others, he may file a petition for involuntary commitment under the provisions of Part Article. If an order authorizing the holding follow the provisions of Part 7 or Part 8 is applicable. If an order authorizing the the minor under involuntary commitment procedures is not issued, the minor shall the minor shall approach to the minor shall applicable.	elease the cess of 30 s. r return of minor into , c. 370, s. treatment eminor is user, or cility. file a acility at or in the equest for ial defile a ler the he minor o himself luntary rt 8 of this ng of the occedures shall whichever e holding of at	V 365			

6899

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	MHL047-	131	B. WING		09/	27/2024
	T CENTER	1958 TUR	NPIKE ROAL			
(EACH DEFICIENC)	Y MUST BE PRECED	ED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
discharged. (c) If a client reache and the client refus continued treatmen 18, he shall be disc professional obtain under the provision Article pursuant to a (1975, c. 839; 1977)	es age 18 while es to sign an aut within 72 hour charged unless an order to how soft Part 7 or Pan involuntary (7, c. 756; 1979,	uthorization for rs of reaching the responsible old the client art 8 of this commitment. c. 171, s. 1;	V 365			
Based on observation interviews, the faciline review of voluntary affecting nine of elements, #8, #7, #8 and #9). Reviews on 9/19/24 record revealed: -Admission date of -Diagnoses of Disrubisorder (DMDD), Attention Deficit Hy-He was 14 years of the was a voluntary -No documentation responsible person documentation of p	ions, record revity failed to ens admissions was even clients (#1 The findings at and 9/20/24 of 6/21/24. Uptive Mood Dy Conduct Disord peractivity Disord y admission. It at client #1 at were provided procedures for contict of the continuous of the contict of the contict of the continuous of t	riews and ure that judicial s completed , #2, #3, #4, #5, re: f client #1's sregulation er and rder (ADHD). and his legally with written court review				
	PROVIDER OR SUPPLIER ARDENS TREATMEN' SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa discharged. (c) If a client reache and the client refus continued treatmen 18, he shall be disc professional obtain under the provision Article pursuant to (1975, c. 839; 1977 1983, c. 889, ss. 1, 370, s. 1.) This Rule is not me Based on observat interviews, the facil review of voluntary affecting nine of ele #6, #7, #8 and #9). Reviews on 9/19/22 record revealed: -Admission date of -Diagnoses of Disr Disorder (DMDD), Attention Deficit Hy -He was 14 years of -He was a voluntary -No documentation responsible person documentation of p before client #1's a	MHL047- PROVIDER OR SUPPLIER ARDENS TREATMENT CENTER SUMMARY STATEMENT OF DEFICE (EACH DEFICIENCY MUST BE PRECEE REGULATORY OR LSC IDENTIFYING IN Continued From page 19 discharged. (c) If a client reaches age 18 while and the client refuses to sign an accontinued treatment within 72 hour 18, he shall be discharged unless professional obtains an order to hounder the provisions of Part 7 or Particle pursuant to an involuntary of (1975, c. 839; 1977, c. 756; 1979, 1983, c. 889, ss. 1, 2; 1985, c. 589 370, s. 1.) This Rule is not met as evidenced Based on observations, record revinterviews, the facility failed to ensine review of voluntary admissions was affecting nine of eleven clients (#1 #6, #7, #8 and #9). The findings at Reviews on 9/19/24 and 9/20/24 or record revealed: -Admission date of 6/21/24. -Diagnoses of Disruptive Mood Dy Disorder (DMDD), Conduct Disord Attention Deficit Hyperactivity Disorder (DMDD), Conduct Disord Attention Deficit Hyperactivity Disorder (DMDD), Conduct Disord Attention Deficit Hyperactivity Disorder (DMDD) and the conduct of procedures for conduct the person were provided documentation of procedures for conduct the person were provided documentation of procedures for conduct the person were provided documentation of procedures for conduct the person were provided documentation of procedures for conduct the person were provided documentation of procedures for conduct the person were provided documentation of procedures for conduct the person were provided documentation of procedures for conduct the person were provided documentation to the person were provided docu	MHL047-131 PROVIDER OR SUPPLIER ARDENS TREATMENT CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 discharged. (c) If a client reaches age 18 while in treatment, and the client refuses to sign an authorization for continued treatment within 72 hours of reaching 18, he shall be discharged unless the responsible professional obtains an order to hold the client under the provisions of Part 7 or Part 8 of this Article pursuant to an involuntary commitment. (1975, c. 839; 1977, c. 756; 1979, c. 171, s. 1; 1983, c. 889, ss. 1, 2; 1985, c. 589, s. 2; 1987, c. 370, s. 1.) This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure that judicial review of voluntary admissions was completed affecting nine of eleven clients (#1, #2, #3, #4, #5, #6, #7, #8 and #9). The findings are: Reviews on 9/19/24 and 9/20/24 of client #1's record revealed: -Admission date of 6/21/24Diagnoses of Disruptive Mood Dysregulation Disorder (DMDD), Conduct Disorder and Attention Deficit Hyperactivity Disorder (ADHD)He was 14 years old.	MHL047-131 PROVIDER OR SUPPLIER ARDENS TREATMENT CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 discharged. (c) If a client reaches age 18 while in treatment, and the client refuses to sign an authorization for continued treatment within 72 hours of reaching 18, he shall be discharged unless the responsible professional obtains an order to hold the client under the provisions of Part 7 or Part 8 of this Article pursuant to an involuntary commitment. (1975, c. 839; 1977, c. 756; 1979, c. 171, s. 1; 1983, c. 889, ss. 1, 2; 1985, c. 589, s. 2; 1987, c. 370, s. 1.) This Rule is not met as evidenced by: Based on observations, record reviews and interview of voluntary admissions was completed affecting nine of eleven clients (#1, #2, #3, #4, #5, #6, #7, #8 and #9). The findings are: Reviews on 9/19/24 and 9/20/24 of client #1's record revealed: -Admission date of 6/21/24Diagnoses of Disruptive Mood Dysregulation Disorder (DMDD), Conduct Disorder and Attention Deficit Hyperactivity Disorder (ADHD)He was 14 years oldHe was a voluntary admissionNo documentation that client #1 and his legally responsible person were provided with written documentation of procedures for court review before client #1's admission to the facility.	MHL047-131 PROVIDER OR SUPPLIER ARDENS TREATMENT CENTER AREFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 discharged. (c) If a client reaches age 18 while in treatment, and the client refuses to sign an authorization for continued treatment within 72 hours of reaching 18, he shall be discharged unless the responsible professional obtains an order to hold the client under the provisions of Part 7 or Part 8 of this Article pursuant to an involuntary commitment. (1975, c. 839; 1977, c. 756; 1979, c. 171, s. 1; 1983, c. 889, ss. 1, 2; 1985, c. 589, s. 2; 1987, c. 370, s. 1.) This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure that judicial review of voluntary admissions was completed affecting nine of eleven clients (#1, #2, #3, #4, #5, #6, #7, #8 and #9). The findings are: Reviews on 9/19/24 and 9/20/24 of client #1's record revealed: -Admission date of 6/21/24Diagnoses of Disruptive Mood Dysregulation Disorder (MDDD), Conduct Disorder and Attention Deficit Hyperactivity Disorder (ADHD). He was a voluntary admissionNo documentation that client #1 and his legally responsible person were provided with written documentation of procedures for court review before client #1's amission to the facility.	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1958 TURNPIKE ROAD RAFFORD, NC 28376 SUMMARY STATEMENT CENTER RAFFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 discharged. (c) If a client reaches age 18 while in treatment, and the client refuses to sign an authorization for continued treatment within 72 hours of reaching 18, he shall be discharged unless the responsible professional obtains an order to hold the client under the provisions of Part 7 or Part 8 of this Article pursuant to an involuntary commitment. (1975, c. 839; 1977, c. 756; 1979, c. 171, s. 1; 1983, c. 889, ss. 1, 2; 1985, c. 589, s. 2; 1987, c. 370, s. 1.) This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure that judicial review of voluntary admissions was completed affecting nine of eleven clients (#1, #2, #3, #4, #5, #6, #7, #8 and #9). The findings are: Reviews on 9/19/24 and 9/20/24 of client #1's record revealed: -Admission date of 6/21/24Diagnoses of Disruptive Mood Dysregulation Disorder (DMDD), Conduct Disorder and Attention Deficit Hyperactivity Disorder (ADHD)He was 14 years oldHe was a voluntary admissionNo documentation that client #1 and his legally responsible person were provided with written documentation of procedures for court review before client #1's admission to the facility.

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MHL047-1	131	B. WING		09/	27/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOPE G	ARDENS TREATMEN	CENTER		NPIKE ROA D, NC 28376			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
		that a hearing value of the stand 9/20/24 of 2/28/04. Stment Disordetions and condusts Disorder (PT	was held in at #1's f client #2's r with mixed uct, ADHD and				
	Post-traumatic Stress Disorder (PTSD). -He was 12 years old. -He was a voluntary admission. -No documentation that client #2 and his legally responsible person were provided with written documentation of procedures for court review before client #2's admission to the facility. -No documentation that the clerk of court was notified within 24 hours of client #2's admission. -No documentation that a hearing was held in district court within 15 days of client #2's admission.						
	Reviews on 9/19/24 record revealed: -Admission date of -Diagnoses of PTSI Depressive Disorder Disorder-Unspecifies -He was 16 years of -No documentation responsible person documentation of properties of the pro	2/23/24. D, Conduct Discort (MDD), ADHI ed. Id. that client #3 a were provided rocedures for codmission to the that the clerk opens of client #3 that a hearing were provided.	order, Major D, Bipolar and his legally with written ourt review facility. of court was so admission.				

Division of Health Service Regulation

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL047-131	B. WING		09/2	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOPE G	ARDENS TREATMEN	T CENTER	NPIKE ROAI), 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 365	Reviews on 9/19/24 record revealed: -Admission date of -Diagnoses of DMD Intellectual Disabilit -He was 13 years or -No documentation responsible person documentation notified within 24 hor -No documentation notified within 24 hor -No documentation date of -Diagnoses of Gene MDD and ADHDHe was 16 years or -No documentation responsible person documentation of properties of the person documentation notified within 24 hor -No documentation district court within admission. Review on 9/20/24 -Admission date of -Diagnoses of Oppo (ODD) and ADHDHe was 17 years or -No documentation responsible person documentation responsible person documentation of properties of the person documentation of pro	and 9/20/24 of client #4's 11/8/23. DD, Conduct Disorder and Mild y. Idd. Ithat client #4 and his legally were provided with written rocedures for court review dmission to the facility. Ithat the clerk of court was ours of client #4's admission. of client #5's record revealed: 1/31/24. Ithat client #5 and his legally were provided with written rocedures for court review dmission to the facility. Ithat the clerk of court was ours of client #5's admission. Ithat a hearing was held in 15 days of client #5's of client #6's record revealed: 2/15/24. It is and bis legally were provided with written rocedures for court review dmission to the facility. Ithat the clerk of court was ours of client #5's admission. Ithat a hearing was held in 15 days of client #5's	V 365			

Division of Health Service Regulation

STATE FORM 6899 X2G511 If continuation sheet 22 of 29

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MILDAT-131 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JIP CODE 1958 TURNPIKE ROAD RAEFORD, NC 28376 WALL STATEMENT OF DEFICIENCIES ARE SUMMARY STATEMENT O	DIVISION	of Health Service Re	guiation				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1958 TURNIPIKE ROAD RAEFORD, NC 28376 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUSTI SEP PRECEDED BY FULL TAG TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUSTI SEP PRECEDED BY FULL TAG TAG V 365 Continued From page 22 district court within 15 days of client #6's admission. Review 9/20/24 of client #7's record revealed: -Admission date of 10/9/23Diagnoses of Conduct Disorder, DMDD, PTSD and ADHD -He was 15 years oldNo documentation that client #7 and his legally responsible person were provided with written documentation that Provided in district court within 15 days of client #7's admission. Review on 9/20/24 of client #8's record revealed: -Admission date of 30/21/24Diagnoses of Conduct Disorder and Unspecified Sexual DysfunctionHe was 15 years oldNo documentation that a hearing was held in district court within 15 days of client #8's record revealed: -Admission date of 3/21/24Diagnoses of Conduct Disorder and Unspecified Sexual DysfunctionHe was 16 years oldNo documentation that client #8 and his legally responsible person were provided with written documentation of procedures for court review before client #8's admission to the facilityNo documentation that the clerk of court was notified within 24 hours of client #8's admissionNo documentation that the clerk of court two before client #8's admissionNo documentation that he clerk of court was notified within 24 hours of client #8's admissionNo documentation that the alerk of court was notified within 24 hours of client #8's admissionNo documentation that a hearing was held in district court within 15 days of client #8's admissionNo documentation that a hearing was held in district court within 15 days of client #8's admissionNo documentation that a hearing was held in district court within 15 days of client #8's admissionNo documentation that the clerk of court was notified within 24 hours							
HOPE GARDENS TREATMENT CENTER (X4) ID PREFIX (EACH DEPOCENCY MUST BE PRECEDED BY FULL TAG (CONTECTION SHOULD BE CACH CORNECTIVE ACTION SHOULD BE CACH CACH CACH CACH CACH CACH CACH CAC			MHL047-131	B. WING		09/27/2024	
HOPE GARDENS TREATMENT CENTER (X4) ID PREFIX (EACH DEPOCENCY MUST BE PRECEDED BY FULL TAG (CONTECTION SHOULD BE CACH CORNECTIVE ACTION SHOULD BE CACH CACH CACH CACH CACH CACH CACH CAC	NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 365 Continued From page 22 district court within 15 days of client #6's admission date of 10/9/23Diagnoses of Conduct Disorder, DMDD, PTSD and ADHDHe was 15 years old -No documentation that client #7's record revealed: -No documentation that record record reve	HOPE GARDENS TREATMENT CENTER						
district court within 15 days of client #6's admission. Review 9/20/24 of client #7's record revealed: -Admission date of 10/9/23Diagnoses of Conduct Disorder, DMDD, PTSD and ADHDHe was 15 years oldNo documentation that client #7 and his legally responsible person were provided with written documentation of procedures for court review before client #7's admission to the facilityNo documentation that elerk of court was notified within 24 hours of client #7's admissionNo documentation that a hearing was held in district court within 15 days of client #7's admission. Review on 9/20/24 of client #8's record revealed: -Admission date of 3/21/24Diagnoses of Conduct Disorder and Unspecified Sexual DysfunctionHe was 16 years oldNo documentation that client #8 and his legally responsible person were provided with written documentation of procedures for court review before client #8's admission to the facilityNo documentation that client clerk of court was notified within 24 hours of client #8's admissionNo documentation that he airing was held in district court within 15 days of client #8's admissionNo documentation that hearing was held in district court within 15 days of client #8's admissionNo documentation that hearing was held in district court within 15 days of client #8's admissionNo documentation that hearing was held in district court within 15 days of client #8's admissionNo documentation that hearing was held in district court within 15 days of client #8's admissionNo documentation that hearing was held in district court within 15 days of client #8's admissionNo documentation that hearing was held in district court within 15 days of client #8's admissionNo documentation that hearing was held in district court within 15 days of client #8's admissionNo documentation that hearing was held in district court within 15 days of client #8's admissionNo documentation that hearing the material that hearing the material that hearing the material that hearing the	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	COMPLETE
-No documentation that client #9 and his legally responsible person were provided with written	V 365	district court within admission. Review 9/20/24 of condition - Admission date of - Diagnoses of Condition and ADHD. -He was 15 years of -No documentation responsible person documentation notified within 24 horder - No documentation district court within admission. Review on 9/20/24 - Admission date of - Diagnoses of Condition - He was 16 years of -No documentation responsible person documentation of person documentation district court within admission. Review on 9/20/24 - Admission date of - Diagnoses of Condition - Diagnoses of Condition - No documentation - No documen	client #7's record revealed: 10/9/23. duct Disorder, DMDD, PTSD ld. that client #7 and his legally were provided with written rocedures for court review dmission to the facility. that the clerk of court was burs of client #7's admission. that a hearing was held in 15 days of client #7's of client #8's record revealed: 3/21/24. duct Disorder and Unspecified . ld. that client #8 and his legally were provided with written rocedures for court review dmission to the facility. that the clerk of court was burs of client #8's admission. that a hearing was held in 15 days of client #8's admission. that a hearing was held in 15 days of client #8's	V 365			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MHL047	·-131	B. WING		09/2	27/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOPE G	ARDENS TREATMEN	T CENTER		NPIKE ROA D, NC 28376			
(X4) ID PREFIX TAG	SUMMARY ST/ (EACH DEFICIENC REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 365	Continued From particles of personal documentation of personal personal documentation of personal documentation notified within 24 h. Observation on 9/1 facility at approxime. The front door on the inside. The front door of the farmandle on the inside. The Assistant Exert the Division of Heart as urveyors at the front door of the metal panel on the inside of the metal panel on the metal panel on the inside of the metal panel on the inside of the metal panel on the metal panel on the front door was could not be opened. Registered Nurses side of wall and the the front door was could not be opened. The front door was could not be opened. The ED unlocked in the metal panel. Interview on 9/19/2. The front door to the several months. She had to ring the get into the building of the first of the personal firs	orocedures for dmission to the that the clerk ours of client # 9/24 of the fro ately 10:10 am is locked and cohe handle on the handle on the being pushe I panel on the cility in the lobbic cutive Director of the Service Report door and powall to open the solocked inside and the company of the from ately 12:40 pm is locked inside and the company of the from ately 4:45 pm is locked inside and the door by put the door by put 24 with RN #1 he facility was he facility had be doorbell in the company of the the compan	e facility. of court was 9's admission. nt door to the revealed: ould not be he outside. hed by the d. wall next to the by area. (AED) greeted gulation (DHSR) at a key fob into he door. nt door to the revealed: the lobby and he handle. ed a button on nt door to the revealed: the lobby and he handle. ting the key fob revealed: "always" locked. been locked for he mornings to	V 365			

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Division of Health Service Regulation

· /		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL047-131	B. WING		09/2	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOPE GARDENS TREATMENT CENTER			NPIKE ROAI D, NC 28376)		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	NC	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 365	Continued From pa	ge 24	V 365			
		ne facility was "always" locked. o to get in the lobby.				
	Interview on 9/19/2/revealed:	4 with the Executive Director				
	-The front door to the facility was normally unlocked.					
	-They had a "crisis" this morning (9/19/24) and that was why the front door was locked"If there is a crisis, a red card will be over the door."					
		sidered staff secure."				
	Interview on 9/26/24 with the Vice President of Administration revealed: -The front door to the facility was normally					
	unlocked"If there are behaviors, such as making threats					
	to run they will lock the door." -Staff were supposed to unlock the door once the behavior was under control.					
	-She confirmed clie	sidered staff secure." ents, and their Legal Guardians				
		written information about court sion prior to each client's				
	-She confirmed the	clerk of court had not been nission within 24 hours of the				
	-She confirmed a h	earing in district court had not days of each client's				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI	803 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL047-131		B. WING		09/27/2024		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
1958 TURNPIKE ROAD						
HOPE G	ARDENS TREATMEN	RAEFOR	D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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)	LD BE	(X5) COMPLETE DATE
V 736	Continued From pa	nge 25	V 736			
	manner and shall b	e kept free from offensive				
	was not maintained	et as evidenced by: ion and interviews, the facility I in a safe, clean, attractive, I kept free from offensive odor.				
	Observation on 9/2 revealed:	0/24 at approximately 1:40 PM				
	Pod C- -Bathroom-Mirror w	vas discolored. Brownish and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL047-131	B. WING		09/2	7/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
HOPE G	ARDENS TREATMEN	T CENTER	NPIKE ROAI	0			
()(1) ID	CHMMADV CTA	TEMENT OF DEFICIENCIES	D, NC 28376	PROVIDER'S PLAN OF CORRECTION		(УГ)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 736	yellowish stains near-Client #11's bedroom markings on the wall. Rusted door jambClient #10's bedroom scratches and 2 pieplexiglass. Bedroom jamb was rustedClient #5's bedroom paint. Door jamb wawwall. Caulking substapproximately 12 in window. Pod B-Bathroom-Strong usundge like substant Door jamb was rustedClient #3's bedroom shirt, greeting card, playing cards, appronotebook and 4 should be a pair of socks, 3 pile. Approximately -Client #6's bedroom paint on wall near be ceiling. Baseboards The top of his night book, glass case and paper in a pileClient #9's bedroom plexiglass window, paper, a pair of glast and blanket in pile of plastic construction assembled	ar toilet seat lid. bm-Approximately 20 black bll. Approximately 10 brown Three drawings on the wall. bm-Approximately 30 bccs of sticker debris on an door had peeling paint. Door bm-Bedroom door had peeling bas rusted. Peeling paint on the btance on column bches long. Blanket over burine odor. Tub had black brack discolored.	V 736				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL047-1	31	B. WING		09/	27/2024
	PROVIDER OR SUPPLIER ARDENS TREATMEN	r center	1958 TUR	DRESS, CITY, S INPIKE ROA D, NC 28376			
(X4) ID PREFIX TAG		TEMENT OF DEFICII ' MUST BE PRECEDI SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 736	Continued From particles Approximately 7 blas substance on the wastance of the	ack markings an all. Peeling pair or had peeling peratches. In-Approximatel er, approximatel er, and black scruffs or oroximately 4 fee er, and black stand er, also replaced and er, and er, orderly manual er, orderly manual er, orderly manual er, weekly. It with the Vice Falled: It weekly. It will the manual er, orderly er, or	and trash was a caused by tand they with the ctor of every week maintained in experson who maintained in	V 736			

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 COMF	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1958 TURNPIKE ROAD RAEFORD, NC 28376						
PRÉFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
	age 28 s been cited 5 times since the 0/22 and must be corrected	V 736				

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