

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/14/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOPE GARDENS TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1958 TURNPIKE ROAD</b> <b>RAEFORD, NC 28376</b>
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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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow-up survey was completed on November 14, 2024. The complaint (intake #NC00223089) was unsubstantiated. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 1900 Psychiatric Residential Treatment Facility 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><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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 was not maintained in a safe, clean, and attractive manner. The findings are:</p> <p>Observation on 11/12/24 at 12:30 p.m. revealed: -The mirrors in the clients bathrooms were discolored and scratched. -All of the clients bedroom windows had paper debris in the plexiglass windows.</p> <p>Interview on 11/12/24 with the Executive Director revealed: -He reported issues with the debris in the plexiglass was an ongoing issue based on how it</p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 736	<p>Continued From page 1</p> <p>was made.</p> <ul style="list-style-type: none"> <li>-He already spoke with the maintenance staff but had to follow the process.</li> <li>-He had to submit a work order for new mirrors and clean out the debris stored in the plexiglass.</li> <li>-Upper management would then approve order for the work to be completed.</li> </ul> <p>This deficiency has been cited 5 times since the original cite on 7/20/22 and must be corrected within 30 days</p>	V 736		