

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>12/19/2024</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 December 19, 2024. The complaint was unsubstantiated (intake #NC00224123). A deficiency was 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 has a current census of 10. The survey sample consisted of audits of 4 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 interviews, the facility was not maintained in a safe, clean, and attractive manner. The findings are:</p> <p>Observation on 12/18/24 at 11:25am revealed: -The mirrors in the clients' bathrooms were discolored and scratched. -Clients #8 bedroom-Three plastic pieces of the blinds at the top were missing.</p> <p>Interview on 12/18/24 with the Executive Director revealed: -"I had put a work order in to repair the mirrors and the blinds months ago." -"The maintenance guys have bigger projects to</p>	V 736		

Division of Health Service Regulation 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>do before the end of the year and may not have time to repair the mirrors."                      -"I don't know what they are going to do about the mirrors."                      -"The mirrors are not Plexiglas, and I don't know how to replace them."</p> <p>Interview on 12/18/24 with the Director of Operations revealed:                      -"The mirrors are not glass, they are stainless steel."                      -"Trying to replace the mirrors with glass won't work because the clients will break the glass."                      -"If maintenance can't do anything with the mirrors, then they will be taken down."                      -"The mirrors had been there for thirteen years and were never sited before."</p>	V 736		