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		06/0	06/04/2025							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
HOPE GARDENS TREATMENT CENTER  1958 TURNPIKE ROAD  RAEFORD, NC 28376												
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	(X5) COMPLETE DATE						
V 000	INITIAL COMMENTS			V 000								
	A complaint and follow up survey was completed on June 4, 2025. The complaint was unsubstantiated (intake #NC00230456). A deficiency was 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 9. The survey sample consisted of audits of 3 current clients.											
V 736	736 27G .0303(c) Facility and Grounds Maintenance  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.		V 736									
	This Rule is not me Based on observat was not maintained attractive manner.	ion and intervie I in a safe, clea	w, the facility n, and									
	about an inch longBathroom #3:	ark patches of s de of the tub. d three dents, e	etains all each measuring									
	-The sink's mic piece measuring al exposing a sharp e	oout 5 inches lo										

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:		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
MHL047-131			B. WING		06/0	06/04/2025					
NAME OF PROVIDER OR SUPPLIER  HOPE GARDENS TREATMENT CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE  1958 TURNPIKE ROAD  RAEFORD, 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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE					
V 736	Interview on 6/4/25 revealed: -The clients had an they had to wash th may it stainedShe was not aware from one of the bath -Maintenance personotified to clean up maintenance repair -She acknowledged a safe, clean and at	with the Executive Director activity with paint recently and the materials in the tub, which the of the broken piece of mical throom's countertop. The panel had already been the stained tub and do other the stained tub and do other the stained tub and the facility was maintained in the facility was maintained in the stained throoms.	V 736								

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