

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-682</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/31/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RAY OF HOPE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2900 KIDD ROAD</b> <b>RALEIGH, NC 27610</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 survey was completed on 3/31/26. The complaint was unsubstantiated (intake #NC00236239). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1100 Partial Hospitalization for Individuals Who are Acutely Mentally Ill (PHP), 10ANCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances (DTAEBD), and 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups (DAIADG).</p> <p>This facility has a current census of 34. The .1100 PHP has a current census of 2, the .1400 DTAEBD has a current census of 6, and the .5400 DAIADG has a current census of 26. The survey sample consisted of audits of 1 former PHP client.</p>	V 000		

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