

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/18/2026
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RECEIVED

NAME OF PROVIDER OR SUPPLIER HOPE GARDENS TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1958 TURNPIKE ROAD RAEFORD, NC 28376
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APR 14 2026

DHSR-MH Licensure Sect

(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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 3/18/26. The complaints were substantiated (intakes #NC00236216 and #NC00236219). Deficiencies were 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 has a current census of 12. The survey sample consisted of audits of 6 current clients.</p> <p>Three sister facilities are identified in this report. The sister facilities will be identified as sister facility A, B and C. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.</p>	V 000	<p>V315 -</p> <p>27G .1902 Psych. Res. Tx. Facility - Staff</p> <p>10A NCAC 27G .1902 STAFF</p> <p>Facility Managers will review staffing schedules daily to ensure required staffing ratios, RN coverage, and on-call assignments are in place for every shift, while the Operations Leadership department will conduct weekly audits of schedules, call-out logs, and on-call coverage to verify compliance. Any staffing shortages or missed on-call assignments will be corrected immediately by Facility Managers and reported to the Senior Leadership Team, who will provide ongoing oversight, coaching, and corrective direction to ensure sustained adherence to DHHS staffing regulations.</p> <p>Nursing schedules will be made in advance and monitored weekly by the Lead Nurse, Assistant Director of Operations, & Chief Safety, Compliance & Training Officer to ensure that 2 nurses will be identified as on call for each day to respond to the faculties needs for nursing coverage due to call out or no show. The team will also meet weekly with the staffing agency to ensure adequate scheduling and coverage as needed for extra support</p>	4-10-2026
V 315	<p>27G .1902 Psych. Res. Tx. Facility - Staff</p> <p>10A NCAC 27G .1902 STAFF</p> <p>(a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness.</p> <p>(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit.</p> <p>(c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units.</p> <p>(d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.</p> <p>(e) The PRTF shall provide 24 hour on-site</p>	V 315		

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

TITLE

(X6) DATE

Alex Brooks
4/10/2026

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V 315	<p>Continued From page 1</p> <p>coverage by a registered nurse.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide 24-hour on-site coverage by a Registered Nurse (RN) and failed to ensure at least two direct staff members were present with every six children or adolescents in each residential unit. The findings are:</p> <p>1. The following is evidence the facility failed to provide 24-hour on-site coverage by a RN.</p> <p>Reviews on 3/4/26 and 3/5/26 of the facility's personnel records revealed:</p> <p>Lead RN #1: -Date of hire was 4/22/24.</p> <p>Lead RN #2: -Date of hire was 9/1/23.</p> <p>RN #1: -Date of hire was 1/24/24. -She was hired as a Facility Nurse.</p> <p>RN #2: -Date of hire was 1/1/26. -She was hired as a Facility Nurse.</p> <p>RN #3: -Date of hire was 1/2/26. -She was hired as a Facility Nurse.</p>	V 315	<p>Facility management will ensure their schedule is staffed to provide at least 2 staff for every 6 clients. For a client census there should be a minimum of 4 staff and a nurse scheduled and 1 designated as the on call. Facility management will identify at least 3 hours prior to shift change if the upcoming shift will be properly staffed. Confirmation will be reported per shift to the Assistant Director of Operations, Chief Safety, Compliance & Training Officer, and Senior First Responder. If the shift will not be adequately covered the Facility Leadership and Operations Leadership team will make themselves available to cover any lapse in coverage until coverage can be found. The Operations team will meet weekly to address and to ensure that the facilities are adequately staffed and in compliance with state service regulations.</p>	

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V 315	<p>Continued From page 2</p> <p>RN #4: -Date of hire was 5/21/24. -He was hired as a Facility Nurse.</p> <p>RN #5: -Date of hire was 2/16/26. -She was hired as a Facility Nurse.</p> <p>RN #6: -Date of hire was 1/6/24. -She was hired as a Facility Nurse.</p> <p>Reviews on 3/5/26 and 3/11/26 of Schedules for Nursing staff revealed:</p> <p>September 2025- -No RN on 7am to 7pm shift-9/1 and 9/19 (2 days)</p> <p>October 2025- -No RN on 7pm to 7am shift-10/29 and 10/30 (2 days)</p> <p>December 2025- -No RN on 7am to 7pm shift-12/7, 12/17, 12/18, 12/24, 12/25, 12/26, 12/27, 12/28 and 12/31 (9 days) -No RN on 7pm to 7am shift 12/2, 12/7, 12/20, 12/21, 12/25, 12/29 and 12/31 (7 days)</p> <p>January 2026- -No RN on 7am to 7pm shift 1/1 (1 day)</p> <p>February 2026- -No RN on 7am to 7pm shift-2/1 and 2/3 (2 days)</p> <p>March 2026- -No RN on 7am to 7pm-3/2 (1 day)</p> <p>Review on 3/13/26 of the Code of Federal</p>	V 315		

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V 315	<p>Continued From page 3</p> <p>Regulations (CFR) §483.358(f)-Assessment post Seclusion or Restraint revealed: -"Within 1 hour of the initiation of the emergency safety intervention a physician or other licensed practitioner must conduct a face-to-face assessment of the physical and psychological well being of the resident. This is limited to Medical Doctors, Doctor of Osteopathy, Physician Assistant, Family Nurse Practitioner, or Registered Nurse trained in the use of emergency safety."</p> <p>Interviews on 3/5/26 and 3/17/26 with client #1 revealed: -He lived at the facility for "about" 4 months. -There were no nurses working from 7:00 am to 7:00 pm "about 2 times." -He was "never" restrained by staff at the facility. -"I saw one of the other clients be restrained." -"I just saw [client #4] get restrained last night." -"I have never seen other clients restrained, other than [client #4]." -"We are normally in our bedrooms during restraints by staff."</p> <p>Interviews on 3/6/26 and 3/17/26 with client #2 revealed: -He lived at the facility for "almost 9 months." -"If there is not a nurse, one of the first responders will take the role of nurse and give us our medication." -"There is no nurse in the building at least once a month." -He was not restrained by staff. -He has seen staff restrain other clients. -"I just saw [client #4] be restrained by staff yesterday."</p> <p>Interview on 3/17/26 with client #3 revealed: -He lived at the facility for "about 9 months."</p>	V 315		
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V 315	<p>Continued From page 4</p> <p>-He was restrained by staff "about 2 months ago." -He has been restrained by staff "a lot" within the past 9 months.</p> <p>Interviews on 3/5/26 and 3/17/26 with client #4 revealed: -He lived at the facility for "about 7 months." -He was restrained by staff yesterday. -He has been restrained by staff "about 6 times in the last 7 months."</p> <p>Interview on 3/17/26 with client #5 revealed: -He lived at the facility for "almost 9 months." -"I was restrained a lot by staff, not sure how many times." -He could not remember the last restraint by staff .</p> <p>Interview on 3/17/26 with client #6 revealed: -He lived at the facility for 9 months. -"I was restrained by staff 3 times." -"The last restraint was towards the end of last year."</p> <p>Interviews on 3/5/26 and 3/17/26 with client #7 revealed: -"There are no nurses in the building sometimes." -"There is a first responder available if there is no nurse in the building." -"It doesn't happen that often." -He has never been restrained by staff. -"I stay out of trouble." -"I saw another client restrained by staff about 4 months ago."</p> <p>Interviews on 3/5/26 and 3/17/26 with client #8 revealed: -He lived at the facility since 2024. -In the last 6 months he was restrained "about 4 times." -His last restraint was in "January or February of</p>	V 315		

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V 315	<p>Continued From page 5</p> <p>this year."</p> <p>Interview on 3/6/26 with Lead RN#1 revealed: -"I'm the Lead Nurse for this building and [Sister facility A]." -"I have been the Lead Nurse for about 2 weeks." -"I don't work a shift at this building." -"I will come over here to see if they (nurses) need something, if there is no nurse in the building." -"That rarely happens (nurses not working) at this building because the nurses come to work in this building." -"I will sometimes come over if a contract nurse is here to touch base with them." -"There is no Director of Nursing (DON) at this facility." -"They had one but she was overworked."</p> <p>Interviews on 3/9/26 and 3/13/26 with Lead RN #2 revealed: -"I was working at all 4 facilities when I was DON." -"I'm now Lead Nurse for (Sister facility B) and (Sister facility C)." -"I started as Lead Nurse last week." -"I was no longer DON due to family issues." -"I asked if I could be reinstated as DON in February 2026, but was offered a Lead Nurse position." -"She wasn't sure of date when she stepped down as the DON." -"It was around the holidays, it before Christmas." -"I continued to work as a nurse on shift." -"Me and [Lead RN #1] split DON position, we are both Lead Nurses." -"The agency no longer has DON position." -"As DON I was responsible for scheduling, auditing, and incident reporting." -"She didn't work at this facility "that often."</p>	V 315		

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V 315	<p>Continued From page 6</p> <p>-She recalled staff doing a restraint on a client once during her shift within the last six months.</p> <p>Interviews on 3/9/26 and 3/13/26 with RN #1 revealed: -"I worked as a RN full time at the facility for over 2 years." -She worked from 7:00 pm to 7:00 am 4 days a week. -"Clients at this facility were restrained a few times." -Clients had to be restrained "1-2 times per month" during her shift over the last 6 months.</p> <p>Interview on 3/5/26 with RN #2 revealed: -She started working at this facility "towards the end of November 2025." -She worked 2-3 days a week during the 7:00 pm to 7:00 am shift at the facility.</p> <p>Interview on 3/6/26 with RN #3 revealed: -She started working at the facility in December 2025. -She worked 3 days a week from 7:00 am to 7:00 pm.</p> <p>Interview on 3/17/26 with RN #5 revealed: -She has been employed for "about a month." -She worked 7:00 am to 7:00 pm 3 days a week.</p> <p>Interview on 3/9/26 with RN #6 revealed: -She has worked for this agency "about 2 years." -In last 6 months "I only worked at this facility about 3 times." -"I had not worked at this facility since last year." -"I worked as needed at this facility." -She worked from 7:00 pm to 7:00 am. -"I had to leave at 7:00 am the next morning after my shift." -"There was not always a nurse there at 7:00 am</p>	V 315		
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V 315	<p>Continued From page 7</p> <p>and I would still leave." -"I don't know if another nurse showed up after I left the building."</p> <p>Interview on 3/10/26 with staff #5 revealed: -"There is not always a nurse in the building." -"If there is no nurse, we get the nurse from [Sister facility A]." -"It does not happen that often."</p> <p>Interview on 3/5/26 with the facility's First Responder (FR) #1 revealed: -"There is always a nurse on campus." -"If there is no nurse in this building, we sometimes have to get the nurse from [Sister facility A]." -"I'm not sure how often it happens."</p> <p>Interview on 3/17/26 with the facility's FR #2 revealed: -She worked 1st shift for the last 3 months. -"Whenever I work there are not a lot of restraints." -"The restraints are mainly being done on 2nd shift." -In the last 3 months there has been "about 10 restraints" done on the clients at this facility.</p> <p>Interview on 3/17/26 with the Senior Team Leader (STL) revealed: -"The restraints are down in this facility." -"We try to use the UKERU system and that has helped." -"I think there were 2-3 restraints last month." -In the last 6 months there "may have been 20 restraints" done by staff.</p> <p>Interview on 3/11/26 with the Chief Executive Officer (CEO) revealed: -"I wasn't always made aware of a nurse not</p>	V 315		

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V 315	<p>Continued From page 8</p> <p>being in the building right away." -"I was made aware of it after the fact." -"We had been using staffing nurses and those nurses would not always show up for their shift or call out." -"[Lead RN #1] was the Lead Nurse for this facility and [Sister facility A]." -"[Lead RN #2] was the Lead Nurse for [Sister facility B] and [Sister facility C]." -"I may go back and revisit DON position." -"I felt like DON position was overwhelming for [Lead RN #2] when she was in that role." -"We don't have a DON, we have 2 Lead Nurse positions."</p> <p>2. The following is evidence the facility failed to ensure at least two direct care staff were present with every six children or adolescents.</p> <p>Reviews on 3/5/26 and 3/11/26 of Schedules for Unit staff revealed:</p> <p>September 2025- -1st shift-9/27- 3 staff in the building (1 day) -2nd shift-9/6-4 staff until 8:00 pm in the building and one staff left leaving 3 staff in the building; 9/19 3 staff (2 days) -3rd shift-9/9, 9/10, 9/11, 9/16 and 9/26 3 staff, 9/10 3 staff in the building; 9/22 and 9/30-4 staff in the building and staff #5 signed out at 6:00 am leaving 3 staff in the building until 8:00 am (8 days) There were 11 days the facility failed to ensure minimum staff coverage.</p> <p>October 2025- -3rd shift-10/2, 10/20, 10/22, 10/23, 10/27, 10/28, 10/29 and 10/30-4 staff in the building and staff #5 signed out at 6:00 am leaving 3 staff in the building until 8:00 am; 10/8, 10/15, 10/17 and</p>	V 315		
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V 315	<p>Continued From page 9</p> <p>10/18-3 staff (12 days) There were 12 days the facility failed to ensure minimum staff coverage.</p> <p>November 2025- -1st shift-11/8 and 11/22 3 staff in the building (2 days) -2nd shift- 11/3 3 staff in the building (1 day) -3rd shift 11/3, 11/5, 11/10, 11/11, 11/12, 11/13, 11/17, 11/19, 11/24, 11/25, 11/26 and 11/27-4 staff in the building and staff #5 signed out at 6:00 am leaving 3 staff in the building until 8:00 am; 11/14 3 staff (13 days) There were 16 days the facility failed to ensure minimum staff coverage.</p> <p>December 2025- -2nd shift-12/6 3 staff in the building (1 day) -3rd shift-12/1, 12/2, 12/4, 12/8, 12/9, 12/15, 12/16, 12/18, 12/22, 12/23, 12/24, 12/29, 12/30 and 12/31-4 staff in the building and staff #5 signed out at 6:00 am leaving 3 staff in the building until 8:00 am; 12/12, 12/13, 12/14 and 12/21 3 staff (18 days) There were 19 days the facility failed to ensure minimum staff coverage.</p> <p>January 2026- -3rd shift -1/1, 1/6, 1/7, 1/8, 1/13, 1/14, 1/15, 1/19, 1/20, 1/21, 1/22, 1/26, 1/28-4 staff 4 staff in the building and staff #5 signed out at 6:00 am leaving 3 staff in the building until 8:00 am; 1/9 and 1/23 3 staff (15 days) There were 15 days the facility failed to ensure minimum staff coverage.</p> <p>February 2026- -2nd shift -2/9 5 staff in building until 6:00 pm and 2 left leaving 3 staff in the building; 2/23 and 2/26 3 staff (2 days)</p>	V 315		

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V 315	<p>Continued From page 10</p> <p>-3rd shift-2/2, 2/3, 2/5-4 staff in the building and staff #5 signed out at 6am leaving 3 staff in the building until 8:00 am (3 days) There were 5 days the facility failed to ensure minimum staff coverage.</p> <p>March 2026- -2nd shift-3/5-5 staff in the building until 6:00 pm, two staff left and 3 staff were left in the building (1 day) There was 1 day the facility failed to ensure minimum staff coverage.</p> <p>Review on 3/11/26 of clients census monthly form revealed: -September 2025-10 clients -October 2025-11 clients -November 2025 thru March 2026-12 clients each month</p> <p>Interview on 3/5/26 with client #1 revealed: -"There are 3-4 staff per shift." -"Sometimes it's 3 staff, most of time its 4 staff."</p> <p>Interview on 3/6/26 with client #2 revealed: -"Most of the time its 4 staff on the unit." -"The weekends can be scarce, and they have to pull in staff." -"There has been less than 4 staff on the unit, it does not happen that often."</p> <p>Interview on 3/5/26 with client #3 revealed: -"There are 3-4 staff on unit with us." -"It does not happen often when it's only 3 staff on the unit."</p> <p>Interview on 3/5/26 with client #4 revealed: -"There are 3-4 staff on unit." -"There are 3 staff on unit 2 or 3 times a week."</p>	V 315		
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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 315	<p>Continued From page 11</p> <p>Interview on 3/5/26 with client #8 revealed: -"There are 4-5 staff on unit." -"Sometimes there are 3 staff on the unit with us." -"It's rare that 3 staff work on the unit with us."</p> <p>Interview on 3/10/26 with staff #5 revealed: -He worked 3rd shift at the facility. -He worked 4 days a week. -His shift was 10:00 pm to 6:00 am. -"When I leave at 6:00 am in the morning, sometimes there is a relief staff." -"Sometimes there is no relief staff when I leave at 6:00 am." -"If staff is not there at 6:00 am I have to leave because I work another job." -"There are normally 4-5 staff on unit whenever he worked 3rd shift." -"Sometimes there are 3 staff on the unit during his shift because a staff calls out." -"It does not happen that often."</p> <p>Interview on 3/5/26 with the facility's FR #1 revealed: -"If the unit is short, I will stay and help out." -"It's been times when 3rd shift staff left before coverage was made, some staff work other jobs." -"It happens every now and again."</p> <p>Interview on 3/5/26 with the STL revealed: -"[Staff #5's] shift is 10:00 pm to 6:00 am." -"Sometimes I will come in at 6:00 am to cover on those days." -"I don't always clock in because I'm salaried."</p> <p>Interview on 3/11/26 with the CEO revealed: -He was not aware staff #5 was leaving at 6:00 am and there was only being 3 staff in the building until 8:00 am. -"I was aware there were not 4 staff on shift periodically in the building."</p>	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/18/2026
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NAME OF PROVIDER OR SUPPLIER HOPE GARDENS TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1958 TURNPIKE ROAD RAEFORD, NC 28376
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V 315	<p>Continued From page 12</p> <p>"A system was put in place to ensure there were always 4 staff on unit, but I was not always made aware the shift was short."</p> <p>Review on 3/18/26 of a Plan of Protection written by the Director of Operations (DO) dated 3/18/26 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? The facility has implemented incentive bonus pay for nurses working additional shifts and on-call coverage. The facility is also utilizing three temporary agency nurses and double-scheduling nursing staff as necessary to ensure continuous nursing coverage within the facility. Facility Management will ensure that all shifts are staffed in full compliance with company policy and Department of Health and Human Services (DHHS) regulations. Schedules will be developed and monitored to maintain the required number of direct care staff every shift. In addition, Facility Managers will designate an on-call staff member for each shift to provide immediate coverage in the event of call-outs, emergencies, or unexpected staffing shortages. This process ensures continuous supervision, maintains regulatory staffing ratios, and supports the safety and therapeutic needs of clients.</p> <p>Describe your plans to make sure the above happens.</p> <p>All nursing schedules will be reviewed by [DO] to ensure continuous 24/7 nursing coverage in accordance with Psychiatric Residential Treatment Facility (PRTF) requirements. Coverage will be maintained through the use of on-call nursing staff, temporary agency nurses, and double coverage as needed to address call-outs or staffing shortages. Facility Managers will review staffing schedules daily to ensure required staffing ratios, and on-call assignments</p>	V 315		
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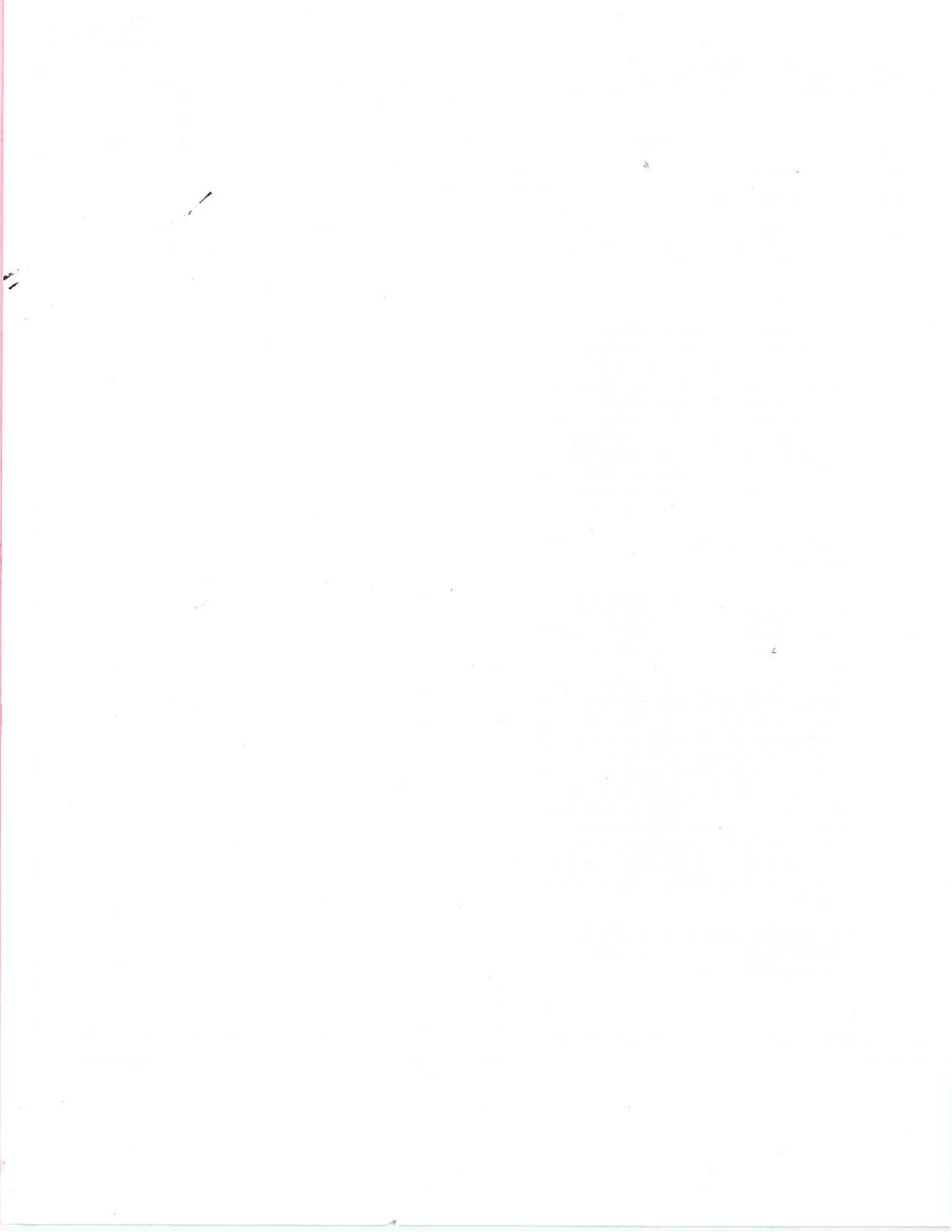
Division of Health Service Regulation

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V 315	<p>Continued From page 13</p> <p>are in place for every shift, while [DO] will conduct weekly audits of schedules, call-out logs and on-call coverage to verify compliance. Any staffing shortages or missed on-call assignments will be corrected immediately by Facility Managers and reported to [DO], who will provide ongoing oversight, coaching, and corrective direction to ensure sustained adherence to DHHS staffing regulations. In addition, temp (temporary) agencies and on call bonus will be provided to staff that come in to cover any open shifts."</p> <p>This deficiency was cited 2 time(s) on 12/5/23 and 3/15/24.</p> <p>The facility served male clients whose diagnoses included Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Conduct Disorder, Adjustment Disorder, Post Traumatic Stress Disorder, Schizoaffective Disorder-depressed type, Oppositional Defiant Disorder and Dissociative Identity Disorder. Their ages ranged from 11 to 17 years old. There was no RN scheduled for the 7:00 am to 7:00 pm shift 15 times between September 1, 2025 and March 3, 2026. There was no RN scheduled for 7:00 pm to 7:00 am shift 9 times between September 1, 2025 and March 3, 2026. Clients were restrained by staff. The facility did not meet minimum staffing coverage on the unit 3 times during 1st shift, 7 times during 2nd shift and 72 times during 3rd shift between September 1, 2025 and March 3, 2026.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p>	V 315		
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Division of Health Service Regulation

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<p>V 736</p> <p>V 736</p>	<p>Continued From page 14</p> <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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, attractive and orderly manner. The findings are:</p> <p>Observation on 3/4/26 at approximately 1:55 pm of the facility revealed:</p> <ul style="list-style-type: none"> -Client #2's bedroom-Pen writing on the walls. -Client #7's bedroom-Unfinished patch on wall approximately 12 inches long and 6 inches wide. Plastic drinking cup, 3 books, a glove, a sock, 2 sheets of paper, balled up toilet paper, empty chip bag, 2 small pieces colored construction paper, white cardboard sheet with approximately 50 puzzles pieces on it on the floor. -Client #6's bedroom-A pair of pants, 5 books and 2 puzzle boxes on the floor. -Client #9's bedroom-In between plexiglass and window was a toothpaste cap, paper cup, pen cap and playing card. There were approximately 7 items of clothing and towel in pile on bed. -POD A's bathroom-Back of toilet seat had brown/rust stains. No shower curtain. -Common Area-Cushions to 3 smaller chairs, love seat and couch were peeling. -POD B's bathroom-No shower curtain -Client #12's bedroom-There were approximately 30 stickers on plexiglass window. Peeling paint on walls and rusted door jamb. -Client #4's bedroom-Door jamb rusted. -Client #1's bedroom-There were four socks, 5 	<p>V 736</p> <p>V 736</p>	<p>V736</p> <p>Staff will receive retraining on the proper procedures for cleaning and compliance with 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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>The training will address the understanding that even if clients refuse to clean their rooms staff must still ensure that the rooms and facility are clean and orderly.</p> <p>The Team Leader will conduct daily inspection of the facility each shift to identify any maintenance and cleaning discrepancies. A walk through with the oncoming TL will be conducted per shift change to ensure consistency with maintaining and clean, orderly and safe environment. A cleaning log will be created and audited by the Operations Team weekly to ensure ongoing monitoring and compliance. The Facility management will monitor this procedure daily and address compliance with their team leads on a daily basis. Random inspections will also be conducted by the Facility manager and the Operations Team to ensure consistency. Work orders will be completed by the Facility Manager and</p>	<p>4.17.2026</p>
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Division of Health Service Regulation

			<p>addressed weekly during the Leadership meetings. The Operations team will conduct weekly meetings with the Maintenance Director to ensure that work orders are address and completed in a timely manner.</p>
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Division of Health Service Regulation

V 736	Continued From page 15 sheets of paper, mattress, pillow and 2 blankets on floor. A plastic drinking cup, approximately 50 playing cards, 2 socks, 5 pieces of cardboard and 5 pieces of paper were on the bed frame. -Client #11's bedroom-There were approximately 30 playing cards, a sheet of notebook paper, notebook and pair of sweat pants on the floor. -POD C's bathroom-Black substance at base of shower. -Client #3's bedroom-A completed puzzle, book, sock, sheet of paper and 4 playing cards on floor. There were 8 sheets of paper, puzzle box, 2 hats, 2 sweat shirts and sheets in pile on bed. -Client #2's bedroom-There was bluish/greenish crayon markings on walls, pencil markings on walls. There was a crack in wall approximately 6 inches long. Unfinished patch on wall approximately 12 inches wide and 16 inches long. Interview on 3/4/26 with the Senior Team Leader revealed: -Management was aware of most of the maintenance issues with the facility. -"They just painted these clients bedrooms about a month ago and now look at them." -"The clients do clean their rooms daily." -He confirmed the facility was not maintained in a safe, clean, attractive and orderly manner. This deficiency has been cited 7 time(s) since the original cite on 12/5/23 and must be corrected within 30 days.	V 736		
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- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is 4/17/26.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

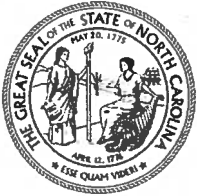
A follow-up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-218-4942.

Sincerely,



Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: networkEngagement@trilliumnc.org, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Terry Stanton Director, Hoke County DSS
Michael Blake, Administrative Supervisor



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

April 1, 2026

Michael McNeil, Director of Operations
Cornerstone Treatment Facility, Inc.
1125 Pony Drive
Hope Mills, NC 28348

Re: Complaint and Follow up Survey completed March 18, 2026
Hope Gardens Treatment Center, 1958 Turnpike Road, Raeford, NC 28376
MHL # 047-131
E-mail Address: mmcneil@ncprtf.com, abrooks@ncprtf.com
Intake #NC00236216 and #NC00236219

Dear Mr. McNeil:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed 3/18/26. The complaints were substantiated.

As a result of the follow-up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A1 rule violations are cited for 10A NCAC 27G .1902 Psychiatric Residential Treatment Facility-Staff (V315).
- Re-cited standard level deficiencies.

Time Frames for Compliance

- Type A1 violations must be **corrected** within 23 days from the exit date of the survey, which is 4/10/26. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation(s) by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against Cornerstone Treatment Facility, Inc. for each day the deficiency remains out of compliance.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1915 Health Services Way, Raleigh, NC 27607
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

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