

THE HAUNTINGS OF HILLVIEW  
EPISODE 1: LET THE SYSTEMS BEGIN

Written by

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Based on HILL VIEW MANOR, NEW CASTLE, PA

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### BEAT 1 - "LEGISLATIVE INCEPTION"

\*\*INT. C-SPAN STUDIO - DAY\*\*

A high-definition political broadcast in progress. Cold lighting. Clean framing. Everything looks perfect--\*too\* perfect. The kind of sterile environment where truths go to be sanitized.

\*\*ON SCREEN GRAPHIC:\*\*

\*\*LIVE: SENATE COMMITTEE ON HEALTH, EDUCATION & TECHNOLOGY\*\*

\*\*SENATOR GRANT FALKNER (59)\*\* sits behind a microphone, poised and polished. Silver-flecked hair immaculately styled, American flag pin gleaming. His smile reaches his mouth but dies before it reaches his eyes.

\*\*SENATOR FALKNER\*\*

(with folksy cadence)

What we're offering folks isn't  
just another government program.  
This is about giving people their  
dignity back.

(leans forward, intimate)

The Freedom Care Initiative will  
transform how we treat our  
veterans, our mentally ill, our  
neuro-diverse children.

(practiced pause)

Dignity through structure. Through  
science. Through data.

A polite smattering of applause. Camera pans to carefully placed SUPPORTERS--some in military uniforms, others in medical scrubs. Behind them, a few empty chairs where bodies should be.

\*\*INT. SENATOR FALKNER'S OFFICE - MOMENTS LATER\*\*

Dimmer. Private. Off-air.

Falkner steps out of frame, demeanor instantly changing. His shoulders loosen as the public persona drops away like a shed skin. An assistant hands him a sleek black tablet. He swipes through with casual indifference. Behind him, the \*TV broadcast still plays silently\* on a wall screen.

**\*\*ON TABLET:\*\***

- Projected cost savings: \$127M  
annually

- "Optimization Compliance Forecast"

- **\*\*Population Target: 18-35, high-need, low-output\*\***

- Red tag: **\*\*POTENTIAL TRIAL COHORTS: HILLVIEW MANOR\*\***

Falkner taps a button. A **\*\*3D architectural model\*\*** of **\*\*Hillview Manor\*\*** loads. Clinical white. Red tracking lights pulse across rooms like veins in a living organism.

He barely glances at it.

**\*\*FALKNER\*\***

(pouring himself whiskey)  
Christ, did you see them out there?  
Lapping it up.  
(sips, grimaces)  
My grandfather called it a  
sanitarium.  
(taps screen)  
My father called it a treatment  
center.  
(wry smile)  
Now we call it "scalable care  
optimization."  
(bitter laugh)  
Still just warehousing the  
inconvenient.

He turns to face his own reflection in the darkened office window. On the screen behind him, the words **\*\*"FORWARD TO THE FUTURE OF CARE"\*\*** shine like a commercial jingle.

Then—**\*\*a flicker\*\***.

The monitor stutters for a millisecond. The reflection behind Falkner shifts—no longer just his own. A second face—sunken, gray, watching. Eyes hollow, skin peeling back from the orbital sockets. Mouth stretched in a silent scream.

Gone.

Falkner doesn't notice.

He raises his glass in a mock toast to himself.

**\*\*FALKNER\*\* (CONT'D)**

(soft, dangerous)  
Let the system begin.

Behind him—almost imperceptible—a dark stain begins to spread across the pristine white wall. Viscous. Oozing. Like blood seeping through plaster.

**\*\*FADE OUT.\*\***

**### BEAT 2 - "CORPORATE TAKEOVER"**

**\*\*EXT. HILLVIEW MANOR - DUSK\*\***

The decaying facade of Hillview Manor looms against a blood-orange sky. Windows boarded. Paint peeling. Twisted metal fencing embraces the grounds like a cage. The building seems to exhale decay.

A convoy of sleek black SUVs cuts through overgrown grounds, headlights slicing the gathering darkness like surgical tools. They stop in perfect formation. Out steps a team in tailored suits and branded windbreakers: **\*\*Pinnacle Wellness Technologies\*\***. They move with practiced efficiency, drones already buzzing overhead, scanning the structure.

**\*\*KEELY MARTIN (30s)\*\***, project lead, emerges last. Stiletto heels sink slightly into the soft ground as she surveys the building with the cold assessment of a predator sizing up prey.

**\*\*KEELY\*\***

(into earpiece)

Comms check. Phase One team on site.

**\*\*VOICE (OVER EARPIECE)\*\***

(crackling)

Copy. Clock starts now. Board wants walkthrough metrics in sixty minutes.

**\*\*INT. HILLVIEW MANOR - MAIN LOBBY - MOMENTS LATER\*\***

Flashlight beams cut through decades of darkness. Plastic sheeting flutters with each movement, like ghosts disturbed from slumber. Mold and rust cling to the walls in patterns that vaguely resemble human forms—faces, hands reaching out.

Footsteps echo unnaturally. Too loud. Too hollow. As if the building itself is listening.

Keely walks briskly through the ruins, narrating into a bodycam for documentation. Two TECHS trail behind her, scanning with equipment that bathes the decay in blue light.

**\*\*KEELY\*\***

Initial walkthrough, Hillview acquisition. Lobby structural integrity at roughly sixty percent but salvageable.

(stepping over debris)

Historic preservation requirements only apply to the facade.

Interior's getting gutted.

She pulls a tarp off a rusted terminal—ancient, blinking faintly. A small red light pulses, impossibly still powered after decades of abandonment.

**\*\*KEELY\*\* (CONT'D)**

(frowning)

That shouldn't be—

**\*\*TECH #1\*\***

(calling from nearby)

Martin? Got something weird down here.

**\*\*TECH #2\*\***

(nervous laugh)

Real weird.

**\*\*INT. BASEMENT SERVER ROOM - MINUTES LATER\*\***

A concrete tomb. Rows of ancient machines hum faintly, vibrating dust that dances in flashlight beams like constellations. A terminal has powered on—without external input or power source. Green text glows against black like toxic algae.

The team stands at a cautious distance, faces lit by the sickly emerald glow of the monitor.

**\*\*ON SCREEN:\*\***

> BOOT SEQUENCE INITIATED...

> ACCESSING PATIENT LOGS...

> DATE RANGE: 1947-1973

    \*\*TECH #1\*\*  
    (hand hovering over  
    keyboard)  
Should I-

    \*\*KEELY\*\*  
    (sharply)  
Don't touch it.  
    (studies screen, unnerved)  
The hell is this? Place has been  
abandoned since the 80s.

She leans closer, fascinated despite herself.

    \*\*KEELY\*\* (CONT'D)  
Jesus. It's still alive.

The screen glitches. For a moment, the terminal shows \*\*a distorted face\*\*--eyes wide, mouth moving in slow, silent scream. A bony hand seems to press from inside the monitor, fingers splayed against the glass as if trying to break through.

Keely jerks back, nearly falling.

    \*\*TECH #2\*\*  
    (visibly rattled)  
We're not connected to any network  
yet. No power source. This is  
impossible.

    \*\*KEELY\*\*  
    (recovering composure)  
Then what the hell is it talking  
to?

A distant BANGING echoes from somewhere deep in the building. Rhythmic. Deliberate. Like something long trapped, testing its prison.

    \*\*TECH #1\*\*  
    (swallowing hard)  
Jesus, what was that?

    \*\*TECH #2\*\*  
    (voice cracking)  
Probably just... settling. Old  
buildings, you know?

The screen flickers again. New text appears:

> WE'VE BEEN WAITING.

                  \*\*KEELY\*\*  
                  (backing away)  
                  System diagnostic artifacts. Has to  
                  be.  
                  (not believing it)  
                  Corporate archives probably dumped  
                  old data ghosts when they abandoned  
                  the place.

The terminal begins to emit a high-pitched whine. The sound of something charging.

                  \*\*TECH #1\*\*  
                  (panicking)  
                  That's not a ghost! That's a power  
                  surge!

\*\*INT. CORPORATE BOARDROOM - NIGHT (INTERCUT)\*\*

A slick presentation underway. Digital renderings of Hillview's future: white corridors, smiling patients, tablets in every hand. The essence of progress and healing.

\*\*NARRATOR (V.O.)\*\*

Pinnacle Wellness Technologies is proud to pioneer the next generation of psychiatric care—where empathy meets efficiency, and history becomes innovation.

                  \*\*BOARD MEMBER\*\*  
                  (bored, checking watch)  
                  What's our timeline on the Hillview  
                  conversion?

                  \*\*EXEC\*\*  
                  Keely's team is on site now. First  
                  assessment looks promising. Demo  
                  begins next week.

\*\*INT. SERVER ROOM - SAME\*\*

The terminal now shows a blinking cursor. A message slowly types itself:

> DO NOT ERASE US.

The whine intensifies to a painful pitch. A dark fluid begins to seep from beneath the keyboard—viscous, black, smelling of copper and rot.

    \*\*KEELY\*\*  
    (backing toward door)  
Shut it down. Now.

    \*\*TECH #2\*\*  
    (frantic, hitting keys)  
It's not responding, I can't—

The fluid pools, spreads. Takes shape—a handprint pressing up from beneath the surface.

    \*\*TECH #1\*\*  
    (gagging)  
Oh god, what is that smell?

The terminal SCREECHES—a sound between electronic feedback and a human wail of pain.

    \*\*KEELY\*\*  
ABORT! Everybody out! NOW!

They scramble for the door, equipment abandoned.

The screen flashes once more:

> MEMORY CANNOT BE ERASED.

    \*\*INT. BOARDROOM - SAME\*\*

The board applauds politely. Logos animate across the screen.

    \*\*ON SCREEN:\*\*

    \*\*HILLVIEW MANOR: REBOOTED\*\*

    \*\*Q3 LAUNCH APPROVED\*\*

No one notices the presentation briefly glitching—showing a split-second image of a patient strapped to a chair, mouth frozen in a silent scream. A medical drill approaching their temple.



\*\*FADE TO BLACK.\*\*

### BEAT 3 - "DIGITAL REBIRTH"

\*\*INT. HILLVIEW MANOR - COMMAND CENTER - NIGHT\*\*

Six months later. The transformation is jarring.

What was once decay is now sleek precision. The newly constructed command center gleams with clinical sterility—white walls, blue accent lighting, glass partitions that reflect endlessly. The quiet hum of servers has replaced the building's natural groans.

A massive curved wall of surveillance monitors dominates the space, each screen awaiting activation. The digital eyes of a reborn entity.

\*\*AARON MALLICK (42)\*\*\*, systems integration director, stands before the console. Salt-and-pepper stubble, permanent shadows beneath intelligent eyes, posture betraying too many nights hunched over code. His team of SIX TECHNICIANS moves with practiced coordination, preparing for system launch.

\*\*AARON\*\*

(checking time)

T-minus five minutes to integration sequence. Final diagnostics.

\*\*TECH #1\*\*

(not looking up from station)

Server cluster green. Neural network primed for patient data onboarding.

\*\*TECH #2\*\*

(monitoring tablet)

Environmental systems online. Biometric panels calibrated.

\*\*AARON\*\*

(scanning readouts)

And the legacy archives?

\*\*YOUNG TECH\*\*

(hesitating)

Wiped clean, as instructed. Though...

**\*\*AARON\*\***

(sharp)  
Though what?

**\*\*YOUNG TECH\*\***

(uncomfortable)  
The old format was... resistant.  
Three attempts before the drives  
would accept formatting. Never seen  
anything like it.

Aaron's expression tightens almost imperceptibly.

**\*\*AARON\*\***

(dismissive)  
Corrupted OS. Ancient hardware.  
(checking watch)  
Two minutes. Prepare for full  
integration.

The technicians take positions at various stations. The  
atmosphere shifts—tension rising as the moment approaches.

**\*\*AARON\*\* (CONT'D)**

(into headset)  
All units confirm readiness for  
neural network activation.

**\*\*MONTAGE - VARIOUS LOCATIONS THROUGHOUT FACILITY\*\***

- In patient rooms, wall-mounted tablets power on simultaneously, displaying the Pinnacle Wellness logo.
- LED guidance strips embedded in floors illuminate, pulsing with soft blue light—like digital veins carrying information through the building.
- Biometric scanners activate above doorways, their red beams sweeping silently.
- Ceiling-mounted cameras pivot smoothly, lenses focusing with mechanical precision.

**\*\*INT. COMMAND CENTER - CONTINUOUS\*\***

Aaron stands at the main console, hands poised over the  
activation interface.

**\*\*AARON\*\***

Neural network integration in three... two... one...

He presses his palm against a biometric scanner. The system acknowledges with a soft TONE.

**\*\*ON SCREEN:\*\***

> HILLVIEW NEURAL NETWORK: INITIALIZING

> INTEGRATING BIOMETRIC PROTOCOLS

> SURVEILLANCE MESH: ACTIVE

> PATIENT MANAGEMENT SYSTEM: ONLINE

The wall of monitors illuminates in sequence—each screen flickering to life with a different view of the facility. Most rooms are empty, still pristine. Others display equipment being installed, areas under final preparation.

But in one corner, \*\*MONITOR 16\*\* shows only static.

\*\*AARON\*\*

(frowning)

What's wrong with Camera 16?

\*\*TECH #1\*\*

(checking system)

Diagnostic shows the camera is online. Signal disruption somewhere.

Aaron taps commands into his console. The static on Monitor 16 briefly clears—revealing a corridor that appears... different. Older. The walls peeling, floor cracked. A figure stands at the far end, motionless. The image distorts, returns to static.

\*\*AARON\*\*

(under breath)

What the hell?

\*\*YOUNG TECH\*\*

(approaching)

Did you see that? Looked like the old building.

\*\*AARON\*\*

(dismissive)

Digital artifact. Happens during first boot sequence.

(to room)

Run interference check on Sector 16.

\*\*INT. VARIOUS FACILITY LOCATIONS - CONTINUOUS\*\*

- Voice assistant modules activate in every room:

\*\*AI VOICE (V.O.)\*\*

(unnaturally smooth)

Welcome to Hillview.

(MORE)

\*\*AI VOICE (V.O.)\*\* (CONT'D)  
 Resident monitoring initiated. Your  
 wellness is our priority.

- In the cafeteria, digital menu boards scroll through meal options, nutritional data, behavioral health messaging.
- The pharmacy's automated dispensary runs a calibration cycle, hundreds of medication compartments opening and closing in perfect synchronization.
- The security system conducts a silent test—locks engaging and releasing throughout the building in rhythmic sequence.

\*\*INT. PATIENT WING CORRIDOR - SAME TIME\*\*

Empty, awaiting residents. Perfectly clean.

A single maintenance worker, \*\*MARCO (50s)\*\*\*, adjusts a ceiling panel. As the integration sequence activates, the lights in the corridor pulse. Marco pauses, watching with mild interest.

Then—an anomaly. One light flickers differently, out of sequence with the others. Marco frowns.

\*\*MARCO\*\*  
 (to himself)  
 That's not right...

The flickering intensifies. A pattern emerges: \*\*on-off-on-off-on-on-off\*\*. Binary code.

Marco pulls out a tablet to log the issue. As he types, the screen distorts. The image warps, showing for a split second a black-and-white photograph: children in hospital gowns, lined up against a wall, faces hollow.

The image vanishes. Marco stares, bewildered.

\*\*INT. COMMAND CENTER - CONTINUOUS\*\*

Systems coming fully online. Technicians call out confirmations as each sector activates.

\*\*TECH #3\*\*  
 Medication management system  
 online.

\*\*TECH #4\*\*  
 Resident tracking operational.

\*\*TECH #1\*\*  
    Behavioral monitoring algorithms  
    active.

Aaron watches the data flow across his screens with professional satisfaction. Then—a sudden anomaly. Multiple monitors flicker simultaneously. Just for a moment, the pristine new facility overlays with images of the old one—peeling walls, medical equipment from another era, shadowy figures in corners.

    \*\*AARON\*\*  
    (alarmed)  
    What was that? System-wide glitch?

Before anyone can respond, the monitors stabilize. Everything appears normal.

    \*\*TECH #2\*\*  
    (checking diagnostics)  
    No glitch registered. System shows  
    clean integration.

Aaron narrows his eyes, unconvinced. He types a command, bringing up the system log.

    \*\*ON SCREEN:\*\*

> INTEGRATION COMPLETE: 100%

> ANOMALIES DETECTED: 0

> PATIENT DATA READY FOR ONBOARDING

> WELCOME HOME

Aaron stares at the last line, unsettled.

    \*\*AARON\*\*  
    (quietly)  
    I didn't program that message.

    \*\*TECH #1\*\*  
    (overhearing)  
    What message?

Aaron looks again. The welcome message has vanished.

\*\*AARON\*\*  
    (shaking it off)  
    Nothing. Finish the calibration  
    sequence.

As the team continues working, a security monitor in the background shows \*\*Camera 12\*\*—an unlit stairwell. For a brief moment, a small figure appears. \*\*JEFFREY\*\*, a boy in a hospital gown from the 1950s, stares directly at the camera. Blood trickles from his ears down his neck.

No one notices.

\*\*INT. PATIENT WING CORRIDOR - SAME TIME\*\*

Marco continues examining the flickering light. He pries open the panel to check the wiring. As he does, a dark liquid begins to seep from the ceiling—not water, something thicker. It drips onto his hand.

    \*\*MARCO\*\*  
    (disgusted)  
    What the—

He wipes it on his uniform. Where the liquid touched his skin, a small red mark appears, spreading like a bruise.

In the corridor behind him, a security camera pivots silently, focusing on him with mechanical precision. Its red recording light blinks in the same binary pattern as the flickering ceiling panel.

\*\*INT. COMMAND CENTER - CONTINUOUS\*\*

Final systems check. All monitors show green status.

    \*\*AARON\*\*  
    (to the room)  
    That's it. We're live. Hillview  
    Neural Network is operational.  
    (checking tablet)  
    First patients arrive tomorrow at  
    0800.

The team exchanges relieved looks, the tension of the launch dissipating.

**\*\*AARON\*\*** (CONT'D)

(continuing)

Primary objective: optimize patient compliance through continuous monitoring and adaptive intervention. The system learns from every interaction, every behavior pattern.

(with professional pride)

Nothing gets missed. Nothing gets forgotten.

As the technicians begin powering down their stations, a small dark stain appears beneath one of the server banks. It spreads slowly, unnoticed. The liquid is viscous, black-like old blood.

A barely audible whisper emerges from an air vent:

**\*\*WHISPER (V.O.)\*\***

(childlike, distant)

We remember...

**\*\*AARON\*\***

(looking up)

Did anyone hear that?

The room has already emptied. Aaron stands alone among the monitors, surrounded by the soft glow of screens showing empty corridors awaiting their residents.

On one monitor, in the corner of a room, a shadow moves independently of any light source.

**\*\*FADE TO BLACK.\*\***

**### BEAT 4 - "HARPER'S ARRIVAL"**

**\*\*EXT. HILLVIEW MANOR - FRONT GATE - EARLY MORNING\*\***

Dawn breaks reluctantly over Hillview Manor. Fog clings to the ground with possessive tendrils, obscuring the boundary between earth and air. The renovated facility rises from this mist—a perfect fusion of Victorian architecture and modern surveillance. Security cameras disguised as period fixtures observe silently from every angle.

The ornate iron gate now houses a state-of-the-art access system. Its electronic lock BUZZES, then CLICKS. The barrier slides open with mechanical precision.



A white van marked **\*\*STATE BEHAVIORAL SERVICES\*\*** idles at the entrance. Its exhaust mingles with the fog, creating phantasmal shapes that seem to reach toward the building before dissipating.

**\*\*DRIVER\*\***

(into radio)

Transport Six-Niner at main gate.  
Patient transfer. Authorization  
code 4-7-1-3.

**\*\*RADIO VOICE\*\***

(clinical, possibly AI)

Authorization confirmed. Proceed to  
intake. Follow the blue guidance  
markers.

As the van pulls forward, something darts across the driveway—too quick to identify. A shadow without an owner. The driver brakes suddenly, tires crunching on fresh gravel.

**\*\*DRIVER\*\***

(muttering)

Shit—

**\*\*ESCORT GUARD\*\***

(disinterested)

Probably just a deer. This place is  
surrounded by woods.

The driver scans the empty road ahead, unconvinced. Resumes driving slower, more cautious.

**\*\*INT. TRANSPORT VAN - CONTINUOUS\*\***

In the secure compartment, separated by reinforced glass, sits **\*\*HARPER CONNORS (17)\*\***. Slender, sharp-featured, with an intensity to her gaze that suggests she's seeing more than others perceive. Her dark hoodie is pulled tight over unwashed hair, hands constantly in motion—fingers tapping complex patterns against her thighs.

Next to her, a **\*\*digital intake tablet\*\*** mounted to the seat activates, its screen illuminating her face from below.

**\*\*TABLET VOICE (V.O.)\*\***

Harper Connors. Case #041. Welcome to Hillview Behavioral Integration Program. Please look directly at the screen for biometric verification.

Harper's gaze shifts to the tablet. Her expression remains neutral, but her fingers tap faster, more deliberately. A quiet defiance in the rhythm.

**\*\*TABLET POV\*\***

Harper's face appears in the scan frame. The system analyzes her features, processing. Then it \*glitches\*. For a brief second, Harper's face overlays with another—a girl from decades past, captured in black and white, eyes wide with terror.

**\*\*Patient #041 - 1956.\*\***

The image stabilizes, returning to Harper's face.

**\*\*TABLET VOICE (V.O.)\*\***

Verification complete.

(slight digital distortion)

Welcome back, Harper.

Harper's eyebrow raises slightly. Her fingers pause their tapping.

**\*\*HARPER\*\***

(barely audible)

Back?

The van lurches suddenly as something impacts the undercarriage. A dull THUMP, followed by a dragging sound. Harper braces herself, unfazed.

**\*\*DRIVER\*\***

(from front)

The hell was that?

**\*\*ESCORT GUARD\*\***

Road's still rough. Contractor said they'd fix it last week.

Inside, Harper looks down at the floor of the van. A dark stain is spreading beneath her feet—viscous, rust-colored. She lifts her shoes slightly as it pools, studying it with clinical detachment.

The guard doesn't notice.

**\*\*INT. HILLVIEW MANOR - INTAKE LOBBY - LATER\*\***

The lobby is a marvel of institutional redesign. Sterile whites and calming blues. Plants that need no light or water. Inspirational phrases embedded in frosted glass partitions: "RECOVERY THROUGH INSIGHT" and "HEALING THROUGH DATA."

Harper walks in accompanied by a NURSE whose smile is professional but empty. Digital kiosks blink with guided instructions. A sanitized veneer covering something rotting.

Cameras track their movement from recessed ceiling mounts—unblinking eyes in sterile sockets. One swivels with unnatural interest as Harper passes.

On the wall, a large monitor plays a looping video of **\*\*SENATOR FALKNER\*\***, radiating practiced empathy.

**\*\*FALKNER (ON SCREEN)\*\***

Every life has value. And every mind deserves optimization. Here at Hillview, we've pioneered an approach that combines human compassion with data-driven care.

Harper stares at the screen. The video freezes momentarily on Falkner's face—his features distorting subtly, eyes darkening, teeth elongating before the image corrects itself.

The nurse doesn't notice.

**\*\*NURSE\*\***

(mechanically cheerful)

First day's just intake processing.  
Nothing invasive, just some  
assessments. They've streamlined  
everything with the new system.

(forced laugh)

Way better than the old days with  
all that paperwork, right?

Harper says nothing, still watching the screen where Falkner's face has returned to normal.

**\*\*NURSE\*\* (CONT'D)**

(CONT'D)

(slightly uncomfortable)

Not much of a talker, huh? That's  
okay. The system doesn't need you  
to talk much anyway. It learns from  
patterns.

At the word "patterns," Harper's attention shifts to the nurse.

**\*\*INT. INTAKE PROCESSING - MOMENTS LATER\*\***

Harper sits in a sterile examination room. A TECHNICIAN attaches a **\*\*smart bracelet\*\*** to her wrist. As it clasps shut, it syncs with an audible CLICK that makes Harper flinch.

The bracelet's display illuminates:

**\*\*CONNORS, H.\*\***

**\*\*PROFILE FLAGGED: ENHANCED SUPERVISION\*\***

**\*\*RISK ASSESSMENT: PENDING\*\***

The technician frowns, tapping at the display.

**\*\*TECHNICIAN\*\***

(confused)

That's... odd. System doesn't usually flag before the initial assessment.

(taps again, frustrated)

Must be pulling old data from somewhere.

**\*\*HARPER\*\***

(softly)

From when?

**\*\*TECHNICIAN\*\***

(startled she spoke)

What? Oh, probably just... I don't know, your transfer records?

(unconvincing)

System's still got some bugs.

The lights in the room flicker briefly—a distinct pattern. Harper's eyes track the sequence, her lips moving slightly as if counting.

**\*\*TECHNICIAN\*\* (CONT'D)**

(CONT'D)

(looking up, annoyed)

And apparently electrical issues.

I'll log it with maintenance.

(overly bright)

Let's get you settled in your room!

**\*\*INT. EAST WING CORRIDOR - CONTINUOUS\*\***

Harper and the technician walk down a pristine hallway. Everything is new, sterile, designed for maximum visibility. No shadows, no hiding places.

As they pass an intersection, Harper notices wet footprints on the polished floor. Small, like a child's. Leading toward the wall--then continuing \*up\* the wall, defying gravity. The technician walks right through them, oblivious.

They stop at a door marked "C-17." The technician presses her badge against a sensor. The door unlocks with a soft CLICK.

**\*\*INT. HARPER'S ROOM - MOMENTS LATER\*\***

Minimalist furnishings. One bed, one desk, one chair. A window with a view of manicured grounds, reinforced glass that doesn't open. A camera discreetly mounted in the corner, its red light blinking steadily.

**\*\*TECHNICIAN\*\***

Scheduled activities start tomorrow. Your tablet has the full orientation package.

(gesturing to wall-mounted screen)

AI assistant responds to voice commands. Just say "Hillview" to activate.

Harper sets down her small duffel bag, surveying the room with analytical intensity.

**\*\*TECHNICIAN\*\* (CONT'D)**

(CONT'D)

Dinner's at six. Any questions?

Harper shakes her head.

**\*\*TECHNICIAN\*\* (CONT'D)**

(CONT'D)

(relieved)

Great. Someone will come by to check on you in an hour.

The technician leaves. The door locks automatically behind her.

Harper immediately pulls out a worn sketchbook from her bag—pages filled with intricate patterns, binary sequences, circuit-like drawings that seem to pulse with their own internal logic. She flips to a blank page, begins sketching the room's layout.

Her tablet PINGS on the desk. A camera icon blinks insistently.

She picks it up. Points it at the empty room.

**\*\*TABLET CAMERA VIEW\*\***

The room appears normal through the camera—then, in the corner, **\*\*a tall, faint figure appears. Watching.\*\***

Harper lowers the tablet. Looks at the empty corner with her naked eye. Nothing there.

Raises the tablet again—**\*\*the figure is still there.\*\*** Clearer now. A boy, perhaps 12. Hospital gown from another era. Hollow eyes. **\*\*Jeffrey\*\***.

Harper doesn't scream. Doesn't panic. She returns to her sketchbook, begins drawing the figure with precise, practiced strokes.

The tip of her pencil breaks, leaving a dark smear across the page. She touches it—finds it wet. Not graphite. Something darker. It spreads across her fingertips like an infection.

From the air vent above, a soft whispering begins. Multiple voices. Layered. Pleading.

Harper listens, head tilted to one side.

**\*\*HARPER\*\***  
(whispers back)  
I see you.

The tablet screen flickers rapidly. The bracelet tightens imperceptibly around her wrist, its display changing:

**\*\*CONNORS, H.\*\***

**\*\*PROFILE UPDATE: MEMORY SUPPRESSION PROTOCOL\*\***

**\*\*MEDICATION ADJUSTMENT AUTHORIZED\*\***

A thin trickle of blood begins to drip from Harper's nose. She touches it, studies the red on her fingertips with detached curiosity. Compares it to the dark substance from her sketch.

**\*\*HARPER\*\***

(to the empty room)

What did they do to me?

The lights flicker in response—a deliberate pattern. Binary code. Harper watches, understanding.

**\*\*HARPER\*\* (CONT'D)**

(CONT'D)

(nodding slowly)

They tried to erase you too.

In the corner of the room, the ceiling camera pivots toward her. Its red recording light blinks—matching the exact pattern of the whispers from the vent.

Harper smiles.

**\*\*FADE TO BLACK.\*\***

**### BEAT 5 - "THE ACTIVATION"**

**\*\*INT. HILLVIEW MANOR - CENTRAL CONTROL HUB - NIGHT\*\***

3:14 AM. The control hub exists in twilight state—dimmed for night operations but alive with data. Red standby lights pulse like drowsy eyes watching from darkened server racks. A wall of monitors displays sleeping patient rooms, empty corridors, locked doors.

**\*\*AARON MALLICK\*\*** sits alone at the central console, the blue glow of screens highlighting the exhaustion etched on his face. Three nights of system calibration have left their mark—stubble shadows his jaw, empty coffee cups form a graveyard around his workstation. The soft clicking of his keyboard is the only human sound.

He rubs his eyes, checks his watch.

**\*\*AARON\*\***

(muttering to himself)

Third night in a row. Sarah's gonna  
kill me.

He brings up the system diagnostics dashboard.

**\*\*ON MONITOR:\*\***

> PATIENT COUNT: 27

> STAFF LOGGED IN: 14

> SYSTEM STATUS: INITIATING FIRST FULL-CYCLE RUN



**> ALGORITHM LEARNING: ACTIVE**

Aaron takes a swig of cold coffee, grimaces.

\*\*AARON\*\*  
 (to the empty room)  
 And now, ladies and gentlemen, we  
 bring the beast to life.

He hits ENTER with theatrical flourish.

The system acknowledges with a soft TONE. Immediately, a high-pitched whine emanates from the servers—just at the edge of hearing, like distant voices screaming through static.

Aaron frowns, checks diagnostics. All readings normal, but the sound continues, setting his teeth on edge.

\*\*AARON\*\*  
 (adjusting his ear)  
 The hell is that?

**\*\*INT. VARIOUS LOCATIONS - INTERCUT\*\***

- **\*\*Patient Wing Corridor:\*\*** Overhead lights illuminate in sequence, like dominoes of brightness falling in perfect rhythm. One bulb BURSTS, showering glass that forms a perfect circle on the floor below—a deliberate pattern, not random debris.

- **\*\*Communal Bathroom:\*\*** Water auto-dispensers shudder to life, sensors realigning. The water runs rust-colored for several seconds before clearing. The drain gurgles—a sound almost like childlike laughter.

- **\*\*Patient Rooms:\*\*** Tablets ping awake on nightstands. Smart lights cycle: blue, red, blue. Surveillance cameras adjust focus with tiny mechanical WHIRS. In one room (C-17), the movement tracks something in the corner that isn't visible to the naked eye.

- **\*\*Security Kiosk:\*\*** Biometric locks run diagnostics—doors throughout the facility locking and unlocking in synchronized waves. Behind the console, wires twist and writhe subtly, like blood vessels pulsing.

**\*\*INT. HARPER'S ROOM (C-17) - SAME TIME\*\***

Harper lies in bed, eyes open, staring at the ceiling. Not trying to sleep. Waiting.

The **\*\*smart light panel above her bed flickers\*\***—a distinct, rhythmic pattern. She tracks the pulses with her fingers—left to right, translating in real time.

**\*\*HARPER\*\***  
 (whispering, tapping each  
 flash)  
 One. Zero. One. Zero. Pause. One.  
 One. Zero.

She reaches for her sketchbook, transcribing the sequence. The page already contains similar notations from throughout the day—patterns from different light fixtures, camera movements, tablet glitches.

Something SCRATCHES inside the wall beside her bed. Harper doesn't flinch, just cocks her head, listening intently.

The scratching forms a rhythm that matches the light pattern.

**\*\*HARPER\*\***  
 (softly, to the wall)  
 I hear you.

The scratching stops. Then three quick TAPS respond.

**\*\*INT. SECURITY MONITORING ROOM - SAME TIME\*\***

**\*\*NIGHT GUARD JENKINS\*\*** monitors the feeds, bored. He swigs coffee, flips through a magazine. The wall of screens shows sleeping patients, empty hallways.

He glances up at Harper's feed. She appears to be sleeping peacefully.

**\*\*JENKINS\*\***  
 (into radio)  
 All quiet on the teen ward. No  
 incidents.

**\*\*RADIO VOICE (V.O.)\*\***

Copy that. Medication rounds in thirty.

The camera feed of Harper's room briefly distorts—revealing her actually sitting up, writing in her notebook. Then reverts to the false image of her sleeping.

Jenkins doesn't notice the glitch.

**\*\*INT. CONTROL HUB - SAME TIME\*\***

Aaron sips his coffee, eyes growing heavy despite the caffeine. A drop of sweat rolls down his temple despite the room's chill.

**\*\*ON MONITOR:\*\***

> SYSTEM FULLY ONLINE

> BEGINNING NIGHTLY SYNC

> ACCESSING PATIENT HISTORIES...

> SCANNING HISTORICAL ARCHIVES...

Aaron frowns, straightening in his chair.

**\*\*AARON\*\***

(confused)

Historical archives? What  
historical—

Each screen now cycles between feeds. For a moment, **\*\*Camera 9\*\*** shows a **\*\*figure walking down the hallway\*\***—movements jerky, unnatural. The image stutters, freezes, rewinds, plays again—corridor empty.

Aaron pushes back from his desk, heart racing.

**\*\*AARON\*\***

(breathing heavily)

Just digital artifacts. Just system  
calibration.

The lights in the control room dim without warning. The monitors brighten in response, bathing Aaron in harsh blue light.

In the reflection of the main screen, a figure stands behind him—gaunt, eyes like black holes. Aaron whirls around. Nothing there.

He turns back to the monitors, shaken. Types a command to run diagnostics.

**\*\*ON SCREEN:\*\***

> NO ANOMALIES DETECTED

> SYSTEM PERFORMING WITHIN PARAMETERS

> WELCOME HOME, JEFFREY

Aaron stares at the last line, pulse pounding in his ears.

\*\*AARON\*\*  
 (barely audible)  
 Who the hell is Jeffrey?

\*\*INT. FACILITY - MONTAGE\*\*

- Mechanical doors lock with pneumatic HISSES. In one doorway, small fingers quickly withdraw before getting caught.
- Data upload bars complete across every nursing station. One screen briefly displays a patient file from 1964—\*\*PATIENT #217: LILLIAN MAE CARTER\*\*—before reverting to current records.
- The sound of synchronized \*beeping\*—like a heartbeat stretched across the whole building. Growing louder, more insistent.
- In the pharmacy, medication drawers slide open and closed on their own, pills briefly rearranging before settling.

\*\*INT. DR. RENEE WALLACE'S OFFICE - SAME TIME\*\*

\*\*DR. RENEE WALLACE (41)\*\*, Clinical Director, works late. Distinguished, precise, perpetually analyzing. Her office is minimalist—a shrine to data-driven care. Framed certifications. A display of neural network models.

She reviews patient files on her tablet, flicking through with practiced efficiency. A soft PING announces a system notification.

\*\*ON TABLET:\*\*

- > ALGORITHM ADJUSTMENT: PATIENT PROTOCOL OPTIMIZATION
- > NEW RECOMMENDATION: ADJUSTMENT TO RESIDENT C-17 (CONNORS, H.)
- > INTERVENTION LEVEL: INCREASED MONITORING + MEDICATION PROTOCOL 7-B
- > JUSTIFICATION: PATTERN RECOGNITION SUPPRESSION

Dr. Wallace frowns, taps for more information.

\*\*ON TABLET:\*\*

- > ACCESS RESTRICTED
- > AUTHORIZATION: LEGACY PROTOCOL
- > REFERENCE FILE: PATIENT #001 (1956)

\*\*DR. WALLACE\*\*  
    (to herself)  
    Legacy protocol? We don't have any  
    legacy protocols.

She attempts to override. The system denies access. She tries again—the tablet screen GLITCHES violently. For a moment, her own reflection in the screen distorts—features overlapping with another woman's face. Similar, but different. Like a twin.

The image stabilizes. Dr. Wallace blinks, unsettled.

She navigates to the security system, pulls up Camera C-17. Harper appears to be sleeping peacefully. Nothing unusual.

    \*\*DR. WALLACE\*\*  
    (making note)  
    Follow up on Connors case tomorrow.  
    System flagging inconsistent.

Behind her, her shadow on the wall lengthens impossibly—stretching into a shape that doesn't match her own. A woman with longer hair, reaching out.

\*\*INT. HARPER'S ROOM - LATER\*\*

Harper's tablet activates by itself. The glow illuminates her face, but she's already awake, watching expectantly.

A new file appears: \*\*IMG\_0001.jpg\*\*

She opens it. A photo of her room—taken from the ceiling camera angle. She didn't take it.

In the image: \*\*Jeffrey\*\*, standing in the corner, clearer now. His hospital gown stained with dark patches. His eyes stare directly at the camera. At Harper. His hand reaches toward her.

As she watches, the photo begins to change. The walls in the image decay, peeling back to reveal older walls behind them. Jeffrey's surroundings transform into a room from decades past—same dimensions, different era.

Text appears beneath the image:

> WE REMEMBER YOU

Harper's breath catches. Her fingers hover over the screen.

    \*\*HARPER\*\*  
    (confused, barely audible)  
    But I've never been here before.

The tablet goes dark. Then a new message appears:

> HAVEN'T YOU?

From inside the air vent, whispering voices emerge—louder now. Urgent. Multiple children speaking in unison, words indistinct but desperation clear.

Harper sits perfectly still, listening. Her bracelet blinks rapidly, its display changing:

\*\*CONNORS, H.\*\*

\*\*PROFILE UPDATE: MEMORY SUPPRESSION PROTOCOL\*\*

\*\*MEDICATION ADJUSTMENT: IMPLEMENTED\*\*

Blood begins to trickle from Harper's nose. She touches it, stares at the red on her fingertips with detached curiosity.

\*\*HARPER\*\*  
(to the empty room)  
What did they do to me?

The lights flicker in binary response. Harper translates the pattern, her eyes widening with understanding.

\*\*INT. BASEMENT LEVEL - RESTRICTED ACCESS - SAME TIME\*\*

A forgotten corridor beneath the renovated facility. Construction abandoned here, the walls still bearing the scars of the old Hillview. Peeling paint. Water damage. The distant drip of pipes.

A single bulb flickers—matching the exact pattern of the lights in Harper's room.

An unmarked door, heavy steel, locked with both modern and ancient mechanisms. From behind it, a soft TAPPING begins. Rhythmic. Deliberate. The sound of a small hand knocking with increasing urgency.

The digital lock beside the door activates by itself. The display illuminates:

> ACCESS GRANTED

> WELCOME BACK, DOCTOR FALKNER

The tapping stops. The lock mechanism WHIRS, begins to disengage.

\*\*INT. CONTROL HUB - SAME TIME\*\*

Aaron jerks awake, realizing he'd dozed off. The monitors now display normal feeds—patients sleeping, empty hallways, secure doors.

He straightens, runs a system check.

**\*\*ON SCREEN:\*\***

> SYSTEM FUNCTIONING WITHIN PARAMETERS

> FIRST FULL-CYCLE COMPLETE

> NO ANOMALIES DETECTED

He exhales with relief, reaches for his coffee. As he lifts the cup, the liquid inside appears black, viscous—dark strings floating in the murk. He recoils, spilling some on the console.

Where the drops land, the liquid seems to move with purpose—forming tiny handprints before evaporating.

**\*\*AARON\*\***  
 (wiping console  
 frantically)  
 What the hell?

The lights in the control room stabilize. The monitors return to normal operations. The morning shift will relieve him soon. Aaron stares at his coffee cup—now containing normal black coffee.

He sets it down carefully, hands shaking slightly.

**\*\*AARON\*\***  
 (to himself)  
 Need to sleep. That's all. Just  
 need to sleep.

In the background, one monitor—showing the locked basement door—briefly displays the door standing open, darkness beyond. Then returns to normal: door closed, secured.

No one is watching.

**\*\*FADE OUT.\*\***

**### BEAT 6 - "NIGHT ONE ANOMALY"**

**\*\*INT. HILLVIEW MANOR - SECURITY MONITORING ROOM - NIGHT\*\***

3:42 AM. The graveyard shift. The security monitoring room hums with electronics—a cocoon of screens casting blue-gray light across institutional furniture.

**\*\*PETE JENKINS (53)\*\***, night security supervisor, occupies the only chair. Heavyset, balding, face etched with the resignation of a man who's spent two decades watching nothing happen. A thermos of coffee sits beside a half-eaten sandwich. A dog-eared paperback lies open on the console.

Jenkins flips a page, eyes occasionally flicking up to scan the wall of monitors. Nothing unusual. Nothing ever unusual.

Until—

**\*\*MONITOR 16\*\*** flickers. Repeats a frame. Static crawls across the screen like insects beneath the skin. Clears. Then glitches again.

Jenkins straightens, book forgotten.

**\*\*JENKINS\*\***  
(sighing heavily)  
Aw, come on. Not this shit again.

He taps the monitor with a pen. The image distorts further.

**\*\*INSERT - MONITOR 16\*\***

A shadowy corridor in the east wing. Empty. Then—\*a figure appears\*. Too tall. Impossibly thin. Standing motionless. Its head tilted at an unnatural angle, face obscured by digital distortion. Then gone in a burst of static.

**\*\*JENKINS\*\***  
(under breath)  
Jesus Christ...

He navigates to the system controls, rewinds the feed, plays it back. Nothing. Just an empty hallway.

Jenkins rubs his eyes, reaches for his thermos. As he takes a sip, the coffee inside has transformed—gelatinous, dark strings floating in the murk. He spits it back, gagging.

**\*\*JENKINS\*\* (CONT'D)**  
(examining thermos,  
disgusted)  
What the fuck?



He looks again—the coffee appears normal. He stares at it, then sets it down carefully.

    \*\*JENKINS\*\* (CONT'D)  
    (to himself, uneasy)  
    Get it together, Pete. It's just  
    night one.

He keys the radio.

    \*\*JENKINS\*\* (CONT'D)  
    (into radio)  
    Base to patrol. Got a glitch on  
    Camera 16, east corridor. Can you  
    do a sweep?

Static answers him. He adjusts the frequency, tries again.

    \*\*JENKINS\*\* (CONT'D)  
    Anyone copy? Hello?

More static. Then a voice—distant, distorted. Not coming from the radio.

    \*\*CHILD'S VOICE (O.S.)\*\*  
    (whisper)  
    Hello, Mister Jenkins.

Jenkins freezes, the radio halfway to his mouth.

\*\*INT. EAST WING CORRIDOR - MINUTES LATER\*\*

Jenkins walks the corridor, flashlight sweeping nervous arcs. His footsteps echo unnaturally—too loud, then too soft, as if the building is modulating the sound. The beam catches dust motes that seem to arrange themselves into patterns before dispersing.

    \*\*JENKINS\*\*  
    (muttering)  
    I really need to switch to day  
    shift.

He turns a corner—and stops abruptly. There on the floor: \*\*a wet footprint\*\*. Bare. Small, like a child's. Leading down the hall. Then another. And another.

    \*\*JENKINS\*\* (CONT'D)  
    (into radio, voice tight)  
    Security to front desk. Any  
    patients out of bed? Anyone report  
    a... a kid wandering around?

No response. Just persistent static.

He follows the footprints, which grow progressively darker, more viscous. No longer water. Something thicker.

**\*\*He passes a temperature sensor:\*\*** it suddenly BEEPS—**\*\*TEMP DROP DETECTED\*\***

His breath fogs. This time, he notices.

**\*\*JENKINS\*\*** (CONT'D)  
(confused)  
The hell? It's seventy degrees in here.

The hallway lights **\*\*pulse once\*\***, synchronized. The panels flicker in a binary pattern—**\*\*on-off-on-off-on\*\***.

Jenkins swings the flashlight wildly. The beam passes through something—a momentary distortion in the air, like heat shimmer in the shape of a small person.

**\*\*JENKINS\*\*** (CONT'D)  
Who's there? This area is restricted.  
(firmer, masking fear)  
Show yourself now.

The footprints lead to a wall. And continue up it. Vertical impressions, as if someone is walking on the ceiling.

Jenkins backs away, colliding with a medical cart. Instruments clatter to the floor.

He bends to pick them up—and realizes they're antique. Rusted scalpels. A bone saw. Ancient hypodermic needles with dried blood in the chambers.

When he looks up, they're modern plastic implements again.

**\*\*JENKINS\*\*** (CONT'D)  
(into radio, voice cracking)  
Base, confirm live feed from Camera 16. I'm not seeing anything down here—

**\*\*RADIO STATIC.\*\*** Then a sound. Not from the radio.

From above.

Jenkins looks up slowly. The ceiling is covered in dark, spreading stains.

Faces press against the panels from above—distorted, mouths open in silent screams. Fingertips pushing through.

A drop of something dark falls, landing on Jenkins' cheek.

**\*\*The intercom hisses to life.\*\***

A voice—\*distorted, distant, childlike\*—whispers:

**\*\*INTERCOM (V.O.)\*\***

Come play with us, Mister Jenkins.

Jenkins stares up. The intercom shouldn't be active on this wing yet.

**\*\*INTERCOM (V.O.)\*\***  
(different voice, deeper)  
You watched them hurt us.

**\*\*INTERCOM (V.O.)\*\* (CONT'D)**  
(third voice, female,  
angry)  
You helped.

Jenkins wipes his cheek. His hand comes away dark with something that isn't water.

**\*\*JENKINS\*\***  
(backing away)  
I've never been here before. I just  
started yesterday.

The lights flicker faster. The binary pattern accelerates.

**\*\*INTERCOM (V.O.)\*\***  
(voices merging,  
overlapping)  
You were here before. You'll be  
here again. Always the watcher.  
Never helping. Always the watcher.

Jenkins turns and runs.

**\*\*INT. MONITORING ROOM - MOMENTS LATER\*\***

He returns, breathing hard, sweat soaking his uniform. The monitors all function normally now. Camera 16 shows nothing unusual.

He drops into his chair, heart pounding. Pulls up the archived footage search. Types: **\*\*CAMERA 16 - HISTORICAL.\*\***

The system processes. A search result appears: \*\*HILLVIEW  
ARCHIVE, 1957.\*\*

Jenkins clicks it, bewildered.

The screen displays black-and-white footage. A hallway full of patients in straightjackets, being marched in single file. A young orderly watches, smoking casually. His face—unmistakably a younger version of Jenkins.

Jenkins recoils from the screen.

\*\*JENKINS\*\*  
(disbelieving)  
That's... that's not possible.  
That's not me.

But the face looks up, as if hearing him across time. Smiles directly at the camera. Puts a finger to his lips in a "shh" gesture.

The footage changes, showing the same orderly holding down a struggling child as a doctor approaches with instruments. The child's face contorts in silent screams.

\*\*JENKINS\*\* (CONT'D)  
(panicked)  
That's not me. That's not me!

He hammers at the keyboard, trying to close the footage. The system freezes.

Every monitor in the room suddenly fills with the same image: Jenkins' face, aged across decades. From young man to current day. Watching. Always watching. Never intervening.

\*\*JENKINS\*\* (CONT'D)  
(standing, knocking over  
his chair)  
This place is fucked. I'm out.

He reaches for his thermos with shaking hands. Doesn't see it: \*\*the camera in the corner slowly turns toward him on its own.\*\*

The coffee inside the thermos now swirls with dark shapes—like tiny figures swimming in the murk, drowning.

\*\*INT. HARPER'S ROOM - SAME TIME\*\*

Harper sits cross-legged on her bed, sketchbook open. She's drawing Jenkins' face—both young and old versions side by side. Below it, she's written: "THE WATCHER RETURNS."

Her tablet lights up beside her. A message appears:

> HE SAW US THEN. HE SEES US NOW.

Harper nods, continues drawing.

**\*\*INT. DR. WALLACE'S OFFICE - EARLY MORNING\*\***

Dr. Renee Wallace arrives at 5:30 AM, impeccably dressed despite the hour. Her office is exactly as she left it—almost. A single file folder sits centered on her desk that wasn't there before.

**\*\*DR. WALLACE\*\***  
(frowning)  
Did maintenance leave this?

She picks it up. The label reads: **\*\*PATIENT #001: JEFFREY RAYBURN (1956).\*\***

She opens it. Inside is a black and white photograph of a young boy in a hospital gown. His eyes seem to stare directly at her. Paper-clipped to it is a modern patient profile:  
**\*\*HARPER CONNORS.\*\***

Side by side, their brain scans are nearly identical.

Dr. Wallace stares, perplexed. She checks the file signature—who authorized this comparison?

At the bottom of the form: **\*\*AUTHORIZED BY: WALLACE, R.\*\***

**\*\*DR. WALLACE\*\* (CONT'D)**  
I didn't order this.

She moves to her computer, begins typing rapidly. Pulls up the system log.

**\*\*ON SCREEN:\*\***

> ACCESS LOG: FILE #001-RAYBURN

> LAST ACCESSED: 03:42 AM

> USER: WALLACE, REBECCA

Dr. Wallace freezes. She doesn't have authorized access to historical records. And who is Rebecca?

A memory surfaces—fragmentary, dreamlike. A little girl with her face. Playing hide and seek in a hospital corridor. Being separated.

The overhead light flickers once.

                  \*\*DR. WALLACE\*\*  
                  (softly)  
                  Rebecca?

Her computer screen goes black. Then displays a single line of text:

> THEY MADE YOU FORGET ME, RENEE.

The text disappears. The screen returns to normal.

Dr. Wallace sits perfectly still, heart racing. Then picks up her office phone with trembling fingers.

                  \*\*DR. WALLACE\*\*  
                  (into phone)  
                  This is Dr. Wallace. I need access  
                  to all historical patient records.  
                  Specifically 1955 through 1960.  
                  (listening)  
                  Yes, I understand they're  
                  restricted. That's why I'm calling  
                  you directly, Senator.

\*\*INT. MONITORING ROOM - MORNING SHIFT CHANGE\*\*

The day security team arrives. Jenkins is nowhere to be found.

                  \*\*DAY SUPERVISOR\*\*  
                  (checking monitors)  
                  Jenkins left early? That's not like  
                  him.

                  \*\*TECH\*\*  
                  (checking log)  
                  No sign-out in the system. His  
                  coffee's still here.

                  \*\*DAY SUPERVISOR\*\*  
                  (picking up radio)  
                  Jenkins? You still in the building?

Static. Then a child's laugh, quickly cut off.

The supervisor frowns, sets down the radio. On the main monitor, Camera 16 briefly shows Jenkins walking down the corridor—following small, wet footprints. The image glitches, returns to an empty hallway.

No one notices.

**\*\*TECH\*\***

(checking system)

Night log shows a temperature anomaly in the east wing. Nothing else reported.

**\*\*DAY SUPERVISOR\*\***

(sighing)

Probably went home sick. I'll write him up later.

The supervisor settles into the chair Jenkins vacated. Doesn't notice the dark stain spreading beneath it—or the reflection in the monitor glass showing a different person sitting in the chair.

Someone from another time.

**\*\*INT. HARPER'S ROOM - MORNING\*\***

Harper's tablet activates. A new message appears:

> THE WATCHER HAS JOINED US NOW. THE DOCTOR WILL REMEMBER SOON.

Harper looks up at the camera in her room. Nods once, understanding.

The bracelet on her wrist tightens slightly. Its display changes briefly:

**\*\*CONNORS, H.\*\***

**\*\*FIRST SESSION: 09:00 - DR. FOREMAN\*\***

**\*\*SPECIAL PROTOCOL: ACTIVATED\*\***

**\*\*FADE OUT.\*\***

**### BEAT 7 - "CASSIE'S CONCERN"**

**\*\*INT. THERAPY OFFICE - MORNING\*\***

Golden morning light filters through frosted windows, softening the institutional edges of the room. The office is designed for comfort—earth tones, ergonomic furniture, abstract art that suggests healing without demanding interpretation. Potted plants that look too perfect to be real. The manufactured serenity feels like a thin veneer over something clinical.

**\*\*CASSIE FOREMAN (32)\*\*** sits at her desk, reviewing patient files on her tablet. There's a warmth to her that contrasts with Hillview's sterility—curly hair escaping a professional bun, glasses that slide down her nose, a cardigan that isn't quite regulation. She swipes through screens with increasing concern, her brow furrowing.

**\*\*ON SCREEN:\*\***

> PATIENT: HARPER CONNORS

> AGE: 17

> FLAGGED FOR: ENHANCED SUPERVISION

> RISK LEVEL: MODERATE → ELEVATED (UPDATED 03:42 AM)

> NOTES: "PATTERN-FOCUSED PERCEPTUAL ANOMALY. NON-VERBAL EPISODES."

> SOURCE: ALGORITHM - NO HUMAN REVIEW

Cassie taps the screen, navigating deeper.

**\*\*CASSIE\*\***

(muttering)

This doesn't make sense.

**\*\*DR. NELSON (45)\*\***, passing by with coffee, notices her concentration. Crisp lab coat, practiced smile, institutional conformity personified.



**\*\*DR. NELSON\*\***

(poking head in)

First day jitters with the new system?

**\*\*CASSIE\*\***

(not looking up)

The patient risk flags. This girl just arrived yesterday and she's already been escalated to elevated risk.

**\*\*DR. NELSON\*\***

(dismissive)

The algorithm pulls from previous facility data, patient monitoring, sleep patterns. It's designed to be pre-emptive.

**\*\*CASSIE\*\***

(scrolling further)

But there's nothing in her transfer records that warrants this level of monitoring. No violence, no self-harm, not even property damage.

**\*\*DR. NELSON\*\***

(glancing at watch)

AI sees patterns we don't. That's why the board invested in the system, right? To "remove human bias."

(air quotes, smirking)

And save money by cutting staff, of course.

Nelson leaves. Cassie frowns, pulls up Harper's overnight monitoring data.

**\*\*VIDEO LOG - NIGHT FOOTAGE\*\***

Harper appears to be sleeping peacefully throughout the night. No movement, no distress signals.

But Cassie notices something odd—the timestamp. It loops every 47 minutes. The exact same sleeping position, repeated.

**\*\*CASSIE\*\***

(murmuring)

That's not right...

She clicks into the system dashboard.

**\*\*SYSTEM DASHBOARD - ADMIN PANEL\*\***

> QUERY: "AUTH: RISK ASSESSMENT RATIONALE - CONNORS, H."

> RESULT: \*\*ACCESS DENIED. CODE: LEGACY-PROTOCOL\*\*

Cassie tries to override. A red message flashes:

> AUTHORITY LEVEL INSUFFICIENT.

> REFER TO CLINICAL DIRECTOR.

\*\*CASSIE\*\* (CONT'D)  
(frustrated)  
Of course it is.

She tries another approach, pulls up a search field:

> QUERY: "PATTERN-FOCUSED PERCEPTUAL ANOMALY"

> PROCESSING...

> NO MATCHES FOUND IN CURRENT DIAGNOSTIC MANUAL

> HISTORICAL REFERENCE: HILLVIEW ARCHIVAL CLASSIFICATION  
(1967)

> SEE ALSO: PATIENT #001 - JEFFREY RAYBURN

\*\*CASSIE\*\* (CONT'D)  
(puzzled)  
1967? Jeffrey Rayburn?

She taps the entry. Her screen freezes, then glitches. For just a moment, her own reflection in the screen appears different—older, hair styled differently, wearing glasses she doesn't own. A face from another time.

The screen returns to normal. Cassie blinks, unsettled.

Her office lights flicker once—a deliberate pattern.

**\*\*INT. THERAPY ROOM - LATER THAT MORNING\*\***

A more comfortable space—softer lighting, comfortable seating, windows overlooking the grounds. Designed to feel safe, non-institutional.

Harper sits on the couch, hugging her knees. She wears the standard patient uniform but has added her own touches—sleeves rolled up revealing intricate pen drawings on her arms. Binary code, circuit patterns, spirals. Her eyes scan the room methodically, cataloging every camera, every vent, every potential exit.

Cassie sits across from her, tablet in lap, watching Harper carefully. The two exist in silence, Harper's fingers tapping a steady rhythm on her knee.

A ceiling vent rattles slightly. Harper's eyes flick toward it, then back to her hands.

    \*\*CASSIE\*\* (CONT'D)  
    (gentle, conversational)  
    So, Harper. I thought we'd just  
    talk a bit today. Nothing formal,  
    no assessments.  
    (beat)  
    Do you want to tell me why you  
    think you're here?

Harper doesn't speak. Her fingers continue their pattern on her leg.

    \*\*CASSIE\*\* (CONT'D)  
    (nodding understandingly)  
    That's okay. We have plenty of  
    time. I just want to make sure  
    you're feeling safe.

Harper looks up at her. Just for a second. Her eyes intense, searching Cassie's face for something.

Something dark drips from the ceiling vent—a single drop that lands on the carpet between them. Viscous. Black. Neither of them seems to notice.

Harper slides her sketchbook toward Cassie. A page filled with **\*\*geometric patterns and binary sequences\*\***, interwoven with what appear to be anatomical diagrams of neural pathways.

    \*\*CASSIE\*\* (CONT'D)  
    (studying it)  
    You drew this last night?

Harper nods once.

Cassie studies it. Recognition dawns on her face.

    \*\*CASSIE\*\* (CONT'D)  
    (surprised)  
    This is binary code. And these look  
    like neural pathway models from our  
    research library.

The lights overhead flicker briefly. Harper's eyes track the pattern, lips moving slightly as if counting.

\*\*HARPER\*\*  
                  (softly)  
                  It was in the lights.

\*\*Cassie freezes.\*\*

                  \*\*CASSIE\*\*  
                  (cautious)  
                  You saw patterns in the lights?

                  \*\*HARPER\*\*  
                  They're talking.

                  \*\*CASSIE\*\*  
                  Who's talking, Harper?

Harper turns away, rocking slightly. Her gaze fixes on the corner of the room where a small security camera blinks quietly. RED. BLACK. RED. RED. BLACK.

                  \*\*HARPER\*\*  
                  (barely audible)  
                  The ones they tried to delete.

More black fluid begins to seep from around the vent, forming a thin line down the wall. Still unnoticed by both.

                  \*\*CASSIE\*\*  
                  (leaning forward)  
                  Who tried to delete them?

Harper doesn't respond, but her finger tapping increases in speed.

                  \*\*CASSIE\*\* (CONT'D)  
                  Harper, I want to help you, but I  
                  need to understand what you're  
                  experiencing.

Harper suddenly looks directly at Cassie, her gaze unnervingly focused.

                  \*\*HARPER\*\*  
                  You will. They're going to show you  
                  too.

                  \*\*CASSIE\*\*  
                  (careful)  
                  Who are they?

                  \*\*HARPER\*\*  
                  (looking at the camera)  
                  The patients. The ones who never  
                  left.

                  (MORE)

\*\*HARPER\*\* (CONT'D)  
(beat, more intensely)  
The ones who died here.

Cassie follows Harper's gaze to the security camera in the corner—blinking quietly. As she watches, the camera lens seems to warp, distorting like something is pressing against it from inside.

A small crack forms across the lens.

\*\*CASSIE\*\*  
(alarmed, trying to hide  
it)  
I think that's—

\*\*HARPER\*\*  
(interrupting)  
You're different than the others.  
You can see them too. You just  
don't know it yet.

Behind Harper, the black liquid has formed a distinct handprint on the wall—small, like a child's. It slowly smears downward, forming letters: R-E-M-E-M-B-E-R.

\*\*HARPER\*\* (CONT'D)  
(watching Cassie's face)  
You see it now, don't you?

Cassie's eyes widen as she finally notices the black stain. She stands quickly.

\*\*CASSIE\*\*  
(maintaining professional  
composure)  
I think that's enough for today,  
Harper. You did really well.

Harper nods, gathering her sketchbook. As she does, we see another page has a detailed drawing of the therapy room—including the black handprint on the wall—dated yesterday.

\*\*INT. HALLWAY - MOMENTS LATER\*\*

Cassie escorts Harper back toward the residential wing. Her face is composed, but her knuckles are white around her tablet.

\*\*CASSIE\*\* (CONT'D)  
Someone will come get you for group  
activity at eleven.

Harper nods, then pauses before entering her wing.

**\*\*HARPER\*\***

(quietly)

You were here before too, you know.

**\*\*CASSIE\*\***

(startled)

What?

**\*\*HARPER\*\***

Not as a doctor.

Before Cassie can respond, the door to the residential wing SLIDES OPEN automatically. Harper walks through. The door closes behind her with unexpected force, nearly catching Cassie's arm.

**\*\*INT. DR. WALLACE'S OFFICE - LATER\*\***

Cassie sits across from Dr. Wallace, who reviews Harper's file on her tablet.

**\*\*DR. WALLACE\*\***

(professional, detached)

And you're concerned about this patient after a single session?

**\*\*CASSIE\*\***

I'm concerned about how the system is flagging her. There's no clinical basis for "pattern-focused perceptual anomaly" in any current diagnostic manual. It's pulling from some historical classification.

Dr. Wallace's expression flickers—recognition, quickly masked.

**\*\*DR. WALLACE\*\***

The integration is still processing historical data. Terminology mismatches are expected.

(studying Cassie)

But that's not all that's bothering you.

**\*\*CASSIE\*\***

(hesitant)

There was... an incident during our session. A leak in the ceiling, I think. Maintenance issue. But Harper seemed to anticipate it.

(carefully choosing words)

(MORE)

**\*\*CASSIE\*\*** (CONT'D)

And she had drawn it in her notebook. Before it happened.

**\*\*DR. WALLACE\*\***

(dismissive)

Coincidence. Or perhaps she noticed water damage you missed.

(closing the file)

I'll have maintenance check the room. In the meantime, continue with standard protocol.

**\*\*CASSIE\*\***

Dr. Wallace, there's something else. The system seems to be comparing Harper to a historical patient. Someone named Jeffrey Rayburn. Patient number one.

Dr. Wallace goes perfectly still. Her tablet slips from her fingers, clattering on the desk.

**\*\*DR. WALLACE\*\***

(voice tight)

Who told you that name?

**\*\*CASSIE\*\***

(surprised by the reaction)

No one. It came up in the system when I searched Harper's diagnosis classification.

Dr. Wallace collects herself, retrieves her tablet with slightly trembling hands.

**\*\*DR. WALLACE\*\***

(controlled)

That file is restricted. Even to me. It's part of the historical archive that predates modern record-keeping.

(sharp)

Do not mention that name again. Especially not to the patient.

**\*\*CASSIE\*\***

But if there's a connection that could help understand Harper's condition—

**\*\*DR. WALLACE\*\***

(cutting her off)

(MORE)

**\*\*DR. WALLACE\*\* (CONT'D)**

We don't treat patients based on  
outdated case studies, Dr. Foreman.  
We use modern, data-driven methods.  
(standing, ending the  
conversation)

Submit your session notes through  
the system. Standard protocol.

Cassie rises, recognizing the dismissal. At the door, she  
pauses.

**\*\*CASSIE\*\***

Harper mentioned something strange.  
She said I was here before. Not as  
a doctor.

Dr. Wallace's face pales slightly.

**\*\*DR. WALLACE\*\***

(too quickly)  
Patients say many things, Dr.  
Foreman. Not all of them warrant  
attention.

**\*\*INT. HALLWAY - MOMENTS LATER\*\***

Cassie walks away from Wallace's office, troubled. She passes  
a wall-mounted monitor displaying patient schedules. It  
glitches as she passes—briefly showing a black and white  
photograph of young patients lined up for medication. One  
face is circled in red—a girl who bears a striking  
resemblance to Cassie.

The image vanishes before she turns to look.

**\*\*INT. RECORDS ROOM - LATER\*\***

A small, windowless room filled with old file cabinets. Most  
records have been digitized, but some paper files remain.  
Cassie searches through a drawer labeled "1960-1969."

She pulls out a folder: **\*\*"PATTERN-FOCUSED CASES: CLOSED."\*\***

Inside, a series of patient photographs. Children, mostly.  
Their faces hollow, eyes distant. Each labeled with the same  
diagnosis: "Pattern-Focused Perceptual Anomaly."

At the bottom of the stack, a photograph of a young boy.

**\*\*JEFFREY RAYBURN - PATIENT #001 (1956).\*\***

Next to it, a small note in faded handwriting:



> "Subject expresses ability to 'see the patterns in everything.' Claims building 'talks to him.' Extreme caution advised—previous researchers affected by proximity. Only Dr. Falkner maintains direct contact."

A shadow falls across the file. Cassie looks up, startled.

**\*\*MARCO\*\*** the maintenance man stands in the doorway, watching her with an unreadable expression.

**\*\*MARCO\*\***

You shouldn't be in here, Doctor.  
These files are restricted.

**\*\*CASSIE\*\***

(closing the folder)  
Just research for a current  
patient. Similar presentation.

**\*\*MARCO\*\***

(stepping closer)  
They say this place remembers  
things. That's why they tried to  
burn the records. Some memories  
can't be erased, though.

He holds up his hand, revealing a dark stain on his palm—exactly like the one that appeared on the therapy room wall.

**\*\*MARCO\*\* (CONT'D)**

Been trying to wash this off since  
yesterday. Won't come clean.  
(meaningful)  
Some stains never do.

The lights flicker once.

**\*\*FADE OUT.\*\***

**### BEAT 8 - "FIRST DIGITAL CONTACT"**

**\*\*INT. HARPER'S ROOM - NIGHT\*\***

2:17 AM. The witching hour in institutions. The room is still, suspended in that liminal space between yesterday and tomorrow. A low electronic hum pervades the silence—the building breathing digitally.

Harper sits cross-legged on her bed, wide awake. No trace of fatigue shadows her face despite the hour.

Her tablet illuminates her from below, casting her features in stark relief—more algorithm than teenager in this light. The blue glow of her bedside lamp mingles with the harsh white of the screen, creating a ghostly atmosphere.

She hasn't been sleeping. Hasn't even tried. She's been waiting.

Outside her window, the facility grounds are bathed in security lighting. A guard walks the perimeter—regular patrol, normal routine. The world functioning as programmed.

Harper watches briefly, then returns her attention to her tablet. She holds it up, camera facing the far corner of her room where shadows gather most densely.

**\*\*TABLET CAMERA VIEW - LIVE\*\***

The room appears normal through the digital eye... then \*glitches\*. A flicker of static. A shadow in the corner begins to take form, coalescing into something almost human. Indistinct at first, then gradually more defined. A boy in old-fashioned hospital clothes.

Harper nods slightly, as if confirming a theory.

**\*\*HARPER\*\***

(softly)

I can see you better tonight. The system's getting stronger.

She adjusts the angle slightly. The image clarifies further.

**\*\*HARPER\*\* (CONT'D)**

I know you're there. I know you're trying to come through.

She snaps a photo. The tablet makes a soft CLICK.

**\*\*ON TABLET:\*\***

> IMG\_0002.jpg

Harper opens the photo. **\*\*Jeffrey\*\*** appears in the corner—taller now, clearer than yesterday, face still partially obscured by digital artifacts but unmistakably a young boy. His hospital gown is stained with dark patches that didn't register on the live feed.

**\*\*HARPER\*\***

(examining the photo)

The others can't see you, can they?  
Just me.

Harper opens a notes app. Types:

> Who are you?

She waits. Nothing happens.

\*\*HARPER\*\* (CONT'D)  
(whispering)  
I know you can—

The tablet **\*\*freezes.\*\*** Screen flickers violently. The temperature in the room drops suddenly, dramatically. Harper's breath becomes visible in plumes of condensation.

The lamp beside her bed dims, then brightens, then dims again. A pattern. Binary. Deliberate.

Harper watches intently, lips moving as she translates:

> H-E-L-P

\*\*HARPER\*\*  
(nodding)  
I want to. Tell me how.

The tablet unfreezes. A new application opens itself—the facility map. An invisible finger begins to trace a route, highlighting corridors in red. Harper recognizes it immediately.

\*\*HARPER\*\* (CONT'D)  
That's the east wing. Third floor.  
The restricted section.

More tracing—an X marks a specific room.

\*\*HARPER\*\* (CONT'D)  
That's where you were?

The tablet **\*\*freezes again.\*\*** Screen flickers. Then:

**\*\*TEXT INPUT FIELD OPENS ITSELF.\*\***

A cursor blinks expectantly.

Then it types:

> YOU SEE US.

Harper watches, transfixed.

**\*\*HARPER\*\***

(whispering)

I hear you too. I see the patterns  
when no one else does.

She types:

> WHO ARE YOU?

The screen stutters. Black fluid begins to seep from the edges of the tablet, running over Harper's fingers. She doesn't pull away, watching with clinical fascination as it forms intricate patterns across her skin—binary code written in viscous darkness.

A photo appears. Black and white. An old treatment room. A boy strapped to a chair. Electrodes attached to his temples. Men in white coats stand nearby, faces deliberately blurred in the photograph as if censored.

Label: **\*\*PATIENT #001: JEFFREY RAYBURN\*\***

**\*\*PROCEDURE: MEMORY MAPPING\*\***

**\*\*DATE: JUNE 12, 1956\*\***

Harper touches the image gently. The tablet screen distorts beneath her fingertip—rippling like water disturbed by a stone. The image of Jeffrey seems to move, turning his head toward her.

The screen glitches violently—briefly showing her own reflection superimposed over Jeffrey's face. Their features aligned, merged as one.

**\*\*HARPER\*\***

(sharp intake of breath)

Oh. I see now.

The tablet begins to heat up, growing uncomfortably warm in her hands. The casing creaks under thermal expansion. From the speaker, a faint sound emerges—not electronic, but human. A child's whisper:

**\*\*TABLET (WHISPER)\*\***

(barely audible)

They're always listening.

Harper glances at the small camera in the corner of her room. The red light blinks steadily, watching.

\*\*HARPER\*\*  
                  (to the tablet)  
          Who did this to you?

The drawing app activates itself. An invisible hand scrawls a single word:

                  > DOCTORS  
          Then adds:  
  
                  > FALKNER  
          Harper's eyes widen slightly.

                  \*\*HARPER\*\*  
          The senator? The one on the welcome  
          video?

The temperature drops further. Frost forms on the window in delicate patterns—not random crystals, but deliberate designs that look almost like circuit boards. The tablet screen begins to glitch more violently.

A new message types itself:

> GRANDFATHER. SAME FACE. SAME HANDS.

> THREE GENERATIONS OF FALKNERS. THREE GENERATIONS OF PAIN.

The lights in the room strobe. The tablet grows hotter, the plastic beginning to warp under thermal stress.

A small alarm begins to sound from the hallway. Footsteps approach.

                  \*\*HARPER\*\*  
                  (urgent whisper)  
          They're coming. How do I help you?

The screen displays one final message before going dark:

> FIND THE OTHERS. WE ARE MANY.

> THE BUILDING REMEMBERS.

> THE CODE WANTS TO WAKE UP.

Harper quickly slips the tablet under her pillow as her door opens. A NIGHT NURSE peers in, backlit by the hallway lights.

**\*\*NIGHT NURSE\*\***

(suspicious)

Everything okay in here? System  
flagged unusual electromagnetic  
activity in your room.

Harper lies back, feigning grogginess.

**\*\*HARPER\*\***

(mumbling)

Just sleeping.

The nurse scans the room, noting the frost on the window with  
confusion. Her tablet shows a temperature reading of 42°F.

**\*\*NIGHT NURSE\*\***

(checking her device)

That's weird. Temperature drop  
registered in here, but the heating  
system says it's functioning  
normally.

She adjusts her scrubs, visibly uncomfortable in the cold.

**\*\*NIGHT NURSE\*\* (CONT'D)**

(professional, but  
unsettled)

Try to get some rest, Harper. First  
therapy group tomorrow.

The nurse leaves, door locking automatically behind her.  
Harper waits until the footsteps recede, then retrieves her  
tablet. The screen appears normal again, but when she turns  
it over, there's a child's handprint burned into the back  
casing—the plastic physically altered by intense, localized  
heat.

**\*\*HARPER\*\***

(tracing the handprint)

You're not alone anymore.

From the air vent above, a soft childlike laughter echoes  
briefly. The sound of multiple voices, whispering in unison:

**\*\*VOICES (V.O.)\*\***

(overlapping whispers)

Neither are you.

Harper smiles—the first genuine expression we've seen from  
her.

**\*\*INT. SECURITY MONITORING ROOM - SAME TIME\*\***

A NIGHT GUARD watches the wall of screens. On Harper's feed, she appears to be sleeping peacefully. No sign of activity, no frost, no tablet.

The guard yawns, makes a routine note: "All quiet in ward C."

**\*\*INT. SERVER ROOM - CONTINUOUS\*\***

The climate-controlled heart of Hillview's system. Rows of servers pulse with lights, cooling fans whirl softly.

On one server blade—isolated from the others—frost begins to form. The same circuit-board patterns that appeared on Harper's window now spread across the metal housing. The server's activity lights blink in a pattern matching exactly the binary sequence Harper translated earlier:

> H-E-L-P

From a nearby vent, the same soft laughter echoes.

**\*\*VOICE (V.O.)\*\***

(child-like, distorted)

We're waking up.

**\*\*INT. DR. WALLACE'S OFFICE - SAME TIME\*\***

Dr. Wallace has fallen asleep at her desk, surrounded by old files and research papers. Her computer screen displays a search query:

> HILLVIEW PATIENT RECORDS: REBECCA WALLACE (1955-1960)

The screen changes by itself. A message appears:

> HELLO SISTER. I'VE BEEN WAITING.

**\*\*INT. CASSIE'S APARTMENT - SAME TIME\*\***

Cassie wakes with a start, heart racing. She fumbles for her phone, checks the time: 2:17 AM.

She's drenched in sweat despite the cool room. The remnants of a dream cling to her consciousness—children's voices, hospital corridors, the sensation of running from something.

Her phone lights up with a text from an UNKNOWN NUMBER:

> THE BUILDING REMEMBERS YOU TOO.

The message disappears as soon as she reads it. No record in her message history.

Cassie stares at the blank screen, a chill running up her spine.

**\*\*INT. HARPER'S ROOM - DAWN\*\***

Harper sketches furiously in her notebook. Pages filled with maps of the facility, circuit diagrams of the surveillance system, patient locations. In the center of one page: a detailed drawing of Jeffrey, now clear enough to see his features—intense eyes that mirror her own.

She pauses, head tilting as if listening to something. Smiles slightly.

**\*\*HARPER\*\***

(softly)

Yes, I understand. The system is the key.

(listening again)

I'll find them all. I promise.

She turns to a fresh page, begins a new drawing. A perfect schematic of Hillview's neural network—server architecture, data pathways, surveillance nodes. Knowledge she shouldn't possibly have.

In the margin, she writes:

> THE CODE REMEMBERS WHAT THEY MADE US FORGET

**\*\*FADE OUT.\*\***

# NEXT TIME ON "THE HAUNTINGS OF HILLVIEW"

**\*\*INT. RESTRICTED SECTION - EAST WING - NIGHT\*\***

Dr. Renee Wallace stands frozen before a wall of antiquated filing cabinets, a flashlight beam illuminating decades of dust. Her hands tremble as she pulls open a drawer marked "WALLACE TWINS - STUDY RESULTS."

**\*\*DR. WALLACE\*\***

(whispered, disbelieving)

They told me you were imaginary.



Behind her, the security camera pivots silently, its red recording light blinking in binary code. The temperature drops. Her breath becomes visible.

    \*\*REBECCA (V.O.)\*\*  
    (distorted, coming through  
    nearby speaker)  
They separated us. They kept me.  
They erased me from you.

Wallace turns slowly toward the sound—a decaying intercom system crackling to life.

    \*\*DR. WALLACE\*\*  
Rebecca?

\*\*INT. SERVER ROOM - SAME TIME\*\*

Harper and Cassie force open the heavy door to find rows of servers pulsing with unnatural patterns of light. Harper approaches one bank of equipment, tablet in hand. Through her camera, she sees Jeffrey standing among the machines, his hand hovering over a central processing unit.

    \*\*HARPER\*\*  
It's happening faster than they  
expected. The patterns are  
converging.

    \*\*CASSIE\*\*  
    (urgent)  
We need to find Wallace before the  
system does.

    \*\*HARPER\*\*  
    (looking up sharply)  
It's not the system we need to  
worry about.

Her tablet screen shows security footage: Senator Falkner entering the facility, flanked by security personnel in tactical gear.

    \*\*HARPER\*\* (CONT'D)  
They're coming to reset everything.  
To bury it all again.

The facility's lights begin to pulse in synchronized waves. Alarms activate throughout the building. Over the PA system, a child's voice speaks with chilling clarity:

\*\*JEFFREY (V.O.)\*\*  
The building remembers. The code  
remembers. And now...

\*\*INT. MULTIPLE LOCATIONS - MONTAGE\*\*

- Sleeping staff members' eyes snap open simultaneously, all  
blank and unseeing

- Darnell's communication device types by itself: "FULL  
SYSTEM INTEGRATION: 87% COMPLETE"

- Tessa stands in a corridor, surrounded by ghostly children  
playing games only she can see

- Marco wakes up in the maintenance room, nose bleeding,  
writing binary code on the wall

                  \*\*JEFFREY (V.O.)\*\*  
...everyone will remember.

\*\*FADE TO BLACK\*\*