

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/13/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/09/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLEAR CREEK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>11950 HOWELL CENTER DRIVE</b> <b>CHARLOTTE, NC 28227</b>		
(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) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000			
W 140	<p>A complaint survey was completed on 1/9/23 for intake #NCNC00196232, #NC00196486, and #NC00196801. Deficiencies were cited.</p> <p><b>CLIENT FINANCES</b> CFR(s): 483.420(b)(1)(i)</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. This STANDARD is not met as evidenced by: Based on interviews and documentation review, the facility failed to maintain a system to ensure complete accounting of clients' personal funds for 1 sampled client (#1). The finding is:</p> <p>Review of supporting documentation during the complaint survey on 1/9/23 revealed the following documentation: purchase receipts, resident financial statements and resident fund withdrawal requests from 1/2021 - 1/2023. Continued review of supporting documentation revealed receipts to not be in order by date, purchase description and totals including applicable sales tax. Further review of supporting documentation and receipts dated 12/29/21 relative to 2 line items for "spend down" did not total \$330.49 as indicated on the resident financial statement for client #1. Review of receipts dated 12/28/21 revealed a 32" TCL television for \$169.99. Additional review of receipts did not reveal receipts or purchase orders in the amount of \$150.31 as indicated on the line item on the resident financial statement labeled "spend down".</p> <p>Interview with the regional business manager on 1/9/23 revealed there was a concern from client</p>	W 140			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 140	<p>Continued From page 1</p> <p>#1's guardian relative to spend down purchases. Continued interview with the regional business manager revealed he submitted all receipts in his possession during the survey. Further interview with the regional business manager did not reveal receipts for the "spend down" totaling \$330.49 for client #1.</p> <p>Interview with the program manager on 1/9/23 revealed the facility is working on improving their financial reporting system to ensure all receipts and purchase orders are in order by each individual client and easily accessible upon request. Interview with the facility administrator and program manager revealed all clients should have receipts and financial statements orderly and accessible upon request.</p>	W 140			