PRINTED: 06/14/2023 FORM APPROVED

IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CREEKBROOK COURT HOME BROWN SUMMIT, NC 27405	Division of Health Service Regula STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION ((X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/07/2023	
BILING SUMMARY STATEMENT OF DEFICIENCIES BROWN SUMMIT, NC 27405 (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) O V 000 INITIAL COMMENTS V 000 V 000 INITIAL COMMENTS V 000 Initiate difficulty is licensed for the following service cited. Initiate difficulty is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Initiate difficulty is licensed for 3 and currently has a census of 2. The survey sample consisted of Initiate difficulty is licensed for 3 and currently has a Initiate difficulty is licensed for 3 and currently has a Initiate difficulty is licensed for 3 and currently has a Initiate difficulty is licensed for 3 and currently has a Initiate difficulty is licensed for 3 and currently has a Initiate difficulty is licensed for 3 and currently has a Initiate difficulty is licensed for 3 and currently has a Initiate difficulty is licensed for 3 and currently has a Initiate difficulty is licensed for 3 and currently has a V 000 Initiate difficulty is licensed for 3 and currently has a Initiate difficulty is licensed for 3 and currently has a Initiate difficulty is licensed for 3 and currently has a Initiate difficulty is licensed for 3 and currently has a Initiate difficulty is difficulty is difficult			MHL041-904				
REEKBROOK COURT HOME BROWN SUMMIT, NC 27405 (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 CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) O V 000 INITIAL COMMENTS V 000 V 000 An annual and complaint survey was completed on 6/7/23. The complaint was unsubstantiated (intake #NC00203156). No deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Initial constant of the consisted of the consus of 2. The survey sample consisted of	AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C V 000 INITIAL COMMENTS V 000 V 000 V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on 6/7/23. The complaint was unsubstantiated (intake #NC00203156). No deficiencies were cited. V 000 V 000 Initiate for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Initiate for the following service category 2. The survey sample consisted of Initiate for the survey sample consisted of Initiate for the survey sample consisted of	REEKBR	OOK COURT HOME					
An annual and complaint survey was completed on 6/7/23. The complaint was unsubstantiated (intake #NC00203156). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLET DATE
on 6/7/23. The complaint was unsubstantiated (intake #NC00203156). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of	V 000	INITIAL COMMENTS	S	V 000			
		on 6/7/23. The comp (intake #NC0020315 cited. This facility is license category: 10A NCAC Living for Adults with This facility is license census of 2. The sur	blaint was unsubstantiated 56). No deficiencies were ed for the following service 2 27G .5600C Supervised n Developmental Disabilities. ed for 3 and currently has a rvey sample consisted of				