

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

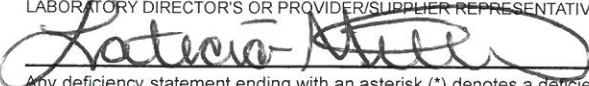

PRINTED: 12/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G230	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2023
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NAME OF PROVIDER OR SUPPLIER CREEKSIDE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 723 HILLS FARM STREET LENOIR, NC 28645
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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) COMPLETION DATE
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W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by:</p> <p>Based on observations, record review and interview, the facility failed to assure that adaptive equipment was furnished as prescribed for one non-sampled client (#3). The finding is:</p> <p>Observation in the group home during recertification survey 12/05/23-12/06/23 revealed client #3 to participate in various activities to include dinner & breakfast preparation, setting & clearing her place setting, clean up, walking on treadmill and outdoors. Continued observations revealed client #3 to watch tv, take out trash, self-care needs, make her bed, tidying her bedroom and medication administration.</p> <p>Review of records for client #3 on 12/06/23 revealed an individual habilitation plan (IHP) dated 03/07/23. Continued review of IHP revealed client #3 wears prescribed eyeglasses and has a goal to wear them daily. Further review of record revealed an eye exam dated 11/16/21 that revealed cataracts. Subsequent review of record revealed another eye exam dated 1/3/22 that revealed Aphakia with a new prescription for glasses and follow-up in two years.</p> <p>Interview with the Registered Nurse (RN) on 12/06/23 confirmed client #3 has prescribed eyeglasses. Continued interview with the RN confirmed client #3 does have access to her</p>	W 436	<p>RECEIVED DEC 15 2023 DHSR-MH Licensure Sect</p> <p>RECEIVED DEC 15 2023 DHSR-MH Licensure Sect</p>	2/14/24
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 12/11/23
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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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NAME OF PROVIDER OR SUPPLIER CREEKSIDE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 723 HILLS FARM STREET LENOIR, NC 28645		
(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 436	Continued From page 1 prescribed eyeglasses; staff offer them, but she refuses to wear them. Interview with the qualified intellectual developmental professional (QIDP) on 12/06/23 confirmed client #3 has prescribed eyeglasses. Continued interview with the QIDP confirmed client #3 does have access to her prescribed eyeglasses but refuses to wear them. Further interview with the QIDP verified staff are to offer client #3 her glasses daily.	W 436			

Space and Equipment:

W 436

The facility will ensure that staff are trained on offering client #3's prescribed eye glasses to help achieve her goal of wearing them daily. The facility will ensure that staff are trained on implementing and documenting the progress to help meet this goal. The QP and or designee will monitor through direct observation, on a weekly basis, within the home. Completion Date: 2/4/24