

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-904</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/06/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CREEKBROOK COURT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6212 CREEKBROOK COURT BROWN SUMMIT, NC 27405</b>
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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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on September 6, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct disaster drills at least quarterly and for each shift. The findings are:</p> <p>Review on 9/4/24 of the facility's disaster drills from September 2023 to September 2024 revealed: -No documentation of a fire drill having been conducted from January 2024 to June 2024 on third shift (11pm-7am); -No documentation of a disaster drill having been conducted from January 2024 to March 2024 on first shift (7am to 3pm); -No documentation of a disaster drill having been conducted from April 2024 through June 2024 on third shift (11pm to 7am).</p> <p>Interview on 9/5/24 with client #1 and client #2 revealed: -They participated in fire and disaster drills at the facility.</p> <p>Interview on 9/5/24 with staff #1 revealed: -The fire and disaster drill schedule was developed by the licensee and submitted to the Vice President (VP)/Clinical Coordinator (CC) by the 16th of the month; -She facilitated disaster drills according to the schedule and when the opportunity presented itself.</p> <p>Interview on 9/5/24 with the Vice President (VP)/Clinical Coordinator (CC) revealed: -"There's nothing for me to say. It's documented."</p>	V 114		