

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-275	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2024
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NAME OF PROVIDER OR SUPPLIER CREEKWOOD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 629 CREEKWOOD ROAD WILMINGTON, NC 28411
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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>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on December 11, 2024. The complaints were unsubstantiated (intake #NC0022349 and #NC00223913). 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 Disabilities.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</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		

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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 have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 12/10/24 of the facility's documented fire and disaster drills for 10/01/23 - 9/30/24 revealed: -Second quarter (1/01/24 - 3/31/24); no second shift fire drill or first shift disaster drill documented. -Fourth quarter (7/01/24 - 9/30/24); no second shift fire documented.</p> <p>Interview on 12/10/24 client #1 stated: -She completed fire drills and disaster drills. -She exited the nearest location during fire drills. -She took cover in the bathroom during disaster drills.</p> <p>Interview on 12/10/24 client #2 stated: -She completed fire drills and disaster drills.</p> <p>Interview on 12/10/24 client #3 stated: -She completed fire drills and disaster drills monthly. -She exited to the driveway for fire drills. -She took cover away from windows during disaster drills.</p> <p>Interview on 12/10/24 staff #1 stated: -She had worked with the facility for 6 months. -Fire and disaster drills were completed monthly.</p> <p>Interview on 12/10/24 the Group Home Manager stated: -She had worked with the facility since August,</p>	V 114		

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V 114	<p>Continued From page 2</p> <p>2023.</p> <ul style="list-style-type: none"> -Fire and disaster drills were completed each month and all shifts were covered. -There were three shifts that fire and disaster drills were scheduled to be completed within (8am - 4pm, 2pm - 10pm, and 10pm - 8am) <p>Interview on 12/10/24 the Director of Operations stated:</p> <ul style="list-style-type: none"> -Fire and disaster drills were completely monthly and rotated to include each shift. -She would ensure that fire and disaster drills were completed for each shift. 	V 114		