

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL077-087</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 05/15/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CREATIVE HELPING HANDS, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>478 GREENLAKE ROAD ROCKINGHAM, NC 28379</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) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on May 15, 2025. The complaint was unsubstantiated (intake #NC00228932, #NC00228991). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to be maintained in a safe, and attractive manner. The findings are:</p> <p>Observation on 5/15/25 between 10:15 am and 1:00 pm of the facility revealed: -Client #1 and Client #3's bedroom: -Linoleum/Vinyl flooring was torn and had cracks in many places. -Dining Room: -A slab of the laminate flooring measuring about a foot and 1/2 long by 8 inches wide had come off from the rest of the flooring exposing the bottom layer. -Client #2's bedroom:</p>	V 736		

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

TITLE

(X6) DATE

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V 736	<p>Continued From page 1</p> <p>-Linoleum/Vinyl flooring was torn across from wall to wall. Many cracks on the flooring. Coming apart.</p> <p>Interview on 5/15/25 with the Owner/Administrator revealed:</p> <ul style="list-style-type: none"> <li>-Facility rented the building.</li> <li>-Flooring concerns information had been shared with the building's landlord, but he had not done anything about it.</li> <li>-She believed the landlord was "lowballing them."</li> <li>-She continued to wait for the landlord to change the flooring at the facility.</li> <li>-She acknowledged the facility failed to be maintained in a safe and attractive manner.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736			