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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
701012701	or contraction	IDENTIFICATION TO A TOTAL TOTAL TO A TOTAL TOTAL TO A TOTAL TO A TOTAL TO A TOTAL TOTAL TO A TOTAL TOTAL TO A TOTAL T	A. BUILDING: _								
		MHL095-021	B. WING		09/09	9/2025					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
CREEKSIDE GROUP HOME 1099 WINKLER'S CREEK ROAD BOONE, NC 28607											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG			(X5) COMPLETE DATE					
V 000	INITIAL COMMENTS		V 000								
	A limited follow up survey for the Type A1 was completed on September 9, 2025. This was a limited follow up survey, only 10A NCAC 27G .0303 Location and Exterior Requirements (V736) was reviewed for compliance. A deficiency was cited.										
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disability.									
	This facility is license census of 4.	d for 6 and has a current									
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736								
		EMENTS									
		as evidenced by: n and interview, the facility n an attractive manner. The									
	ceiling above the kitc approximately 6" in le approximately 8" in d	am revealed: vater stains on the white hen sink. One stain was ength. the other stain was iameter.									

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED						
		MHL095-021	B. WING		000	R						
					09	/09/2025						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1099 WINKLER'S CREEK ROAD												
CREEKSIDE GROUP HOME BOONE, NC 28607												
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE						
V 736	kitchen ceilingConstruction at the f expected to be comp 2025The water stains on caused by a roof leak-There were currently construction team ne properly repaired beforesmetic restoration.	acility was ongoing and was leted by September 30, the kitchen ceiling had been active leaks, but the eded to ensure the roof was ore proceeding with any of the ceiling.	V 736									

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