

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL095-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/13/2025
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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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on August 13, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 3 current clients. A sister facility is identified in this report. The sister facility will be identified by sister facility A.	V 000	RECEIVED SEP 02 2025 DHSR-MH Licensure Sect	
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observations and interviews, the facility and its grounds were not maintained in a safe, attractive and orderly manner. The findings are: Observation on 8/13/25 at approximately 11:30 am of the facility and its grounds revealed: -The facility was a two-level structure with a main residential level and a lower level with a basement and garage. -The lower level of the facility was undergoing active construction and renovation. -There was a concrete driveway for each level of the facility. -The driveway at the main residential level led to a carport.	V 736		

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

TITLE

(X6) DATE

STATE FORM

6899

952011

If continuation sheet 1 of 5

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V 736	Continued From page 1 -There was no safety barrier for a 2.5' wide open space between the carport and an adjacent fence which bordered an 8.5' vertical drop to the lower concrete driveway. -Two beige-colored water stains on the white ceiling above the kitchen sink. One stain was approximately 6" in length. The other stain was approximately 8" in diameter. -A section of the ceiling approximately 12" by 3" located directly above the shower in bathroom #1 had numerous gray stains which appeared as irregularly shaped splotches of varying shapes and sizes. -The exhaust fan/light fixture in bathroom #1 was covered with an accumulation of dust. -The toilet paper holder was missing from bathroom #1. Interview on 8/13/25 with Client #1 revealed: -She had not noticed the open space between the carport and the fence. "What hole? I don't see it now." Observation and attempted interview on 8/13/25 at approximately 1:21 pm with Client #2 revealed: -He did not provide any information regarding the absence of a safety barrier between the carport and fence. When interviewed, he offered no response, avoided eye contact, and instead focused his attention on the television while repeatedly checking his watch. Interview on 8/13/25 with Client #3 revealed: -On 8/13/25, a construction worker placed a safety barrier between the carport and fence, "I saw wood boards. A worker (construction crew) from downstairs put it there. I don't remember what was there before. I don't know why it's there."	V 736	Temporary repair was completed as per the plan of protection as per page 4 of this document at 1 pm on 8/13/25. The permanent fix with a new fence anchored to the concrete drive and concrete post to the ground was completed on 8/27/25 by the contractor. Please see attached picture for proof of permanent fence completion. Potential hazards has been added to the monthly safety inspection performed by the Residential Coordinator and/or QP. In the case of abnormal events such as natural disaster, there will be a post-event inspection when can be safely performed by the QP and safety committee chairperson or designees. During any construction projects, the Residential Coordinator and/or QP will inspect weekly for potential safety hazards. The two beige-colored water stains on the ceiling was a result of water damage from Hurricane Helene. Repairs from the water damage on the upstairs level are included in the current Helene Repair construction cited in the report. The construction is scheduled to be finished 1st half of September. The gray stains on the ceiling in bathroom #1 was fixed 8/14/2025. Please see attached pictures for proof of completion.	

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V 736	Continued From page 2 Interview on 8/13/25 with Client #4 revealed: -Had not noticed the lack of a safety barrier between the carport and fence. Interview on 8/13/25 with the Residential Coordinator revealed: -Prior to Hurricane Helene, a large bush was located on the left side of the facility between the carport and the fence. -Following the storm, construction began on the property which resulted in several changes to the layout and use of space. -Staff entered the facility through the basement/garage area on the lower level. -The upper-level driveway, where the carport was situated, was primarily designated for the facility's van and functioned as the main area where clients boarded and disembarked the vehicle for transportation. -Clients entered and exited the van from the right-hand side, as the vehicle was not equipped with a door on the left side which was immediately adjacent to the 8.5' drop onto the concrete driveway below. Interview on 8/13/25 with the Qualified Professional (QP)/Chief Operations Officer (COO) revealed: -The lower level of the facility was being renovated due to damage created from Hurricane Helene on 9/27/24. -She parked in the lower driveway of the facility and had not noticed the bush had been removed from the area of the upper-level driveway which resulted in an unprotected 2.5' wide open space between the carport and the fence exposing an 8.5' drop to the concrete driveway below. "I usually don't go to the front outside area of the house (facility), but I will from now on."	V 736	The exhaust fan in bathroom #1 was fixed on 8/14/2025. Please see attached pictures for proof of completion. The toilet paper holder was fixed on 8/14/2025. Please see attached pictures for proof of completion.	

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V 736	Continued From page 3 Interview on 8/13/25 with the Chief Executive Officer (CEO) revealed: -A bush was previously located along the upper-level driveway of the facility, between the carport and the adjacent fence. -The bush was removed some time between 7/1/25-8/13/25 by a construction crew conducting storm damage repairs to the lower level of the facility. -The hedge was removed to provide access to underground utility lines during the repair work. -2' x 4' boards would be placed to serve as a temporary barrier until a permanent fixture could be installed. Interview on 8/13/25 with the Construction Crew Supervisor revealed: -"While looking for an underground fuel tank and lines, we removed a bush to access the lines that fed to the basement (facility). It was within the past 2 weeks or so." Review on 8/13/25 of a Plan of Protection completed and submitted by the QP/COO on 8/13/25 revealed: - "What immediate action will the facility take to ensure the safety of the consumers in your care? Watauga Opportunities (Licensee) CEO immediately had contractors (who are working on-site) secure three boards across the opening at the end of the carport and the fencing to prevent access. This is a temporary repair until completion of construction of a permanent barrier. This repair was completed at 1 pm on the same day the issue was identified (8/13/2025) and will prevent any possible fall. Describe your plans to make sure the above happens. As of today 8/13/25, the opening is blocked with a temporary construction fence. The permanent fix	V 736		

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V 736	Continued From page 4 will be a permanent fence at the completion of construction which is some time in September (2025). At no time will the space be open. Group home staff will be required to immediately report any potential hazards. The potential hazards will be added to the monthly safety inspection performed by Residential Coordinator and/or QP (QP/COO). In addition, the QP (QP/COO) or designated program director will conduct quarterly safety inspection of both homes with the safety committee chairperson or designated safety committee member. In the case of any abnormal events (such as natural disaster), there will be a follow-up inspection when can be safely performed by the QP (QP/COO) and safety committee chairperson or designees." The facility served clients with diagnoses which included Moderate to Severe Intellectual Disabilities; Ataxic Cerebral Palsy, Intermittent Explosive Disorder, Parkinsonism, Unspecified Dementia, Neurocognitive Disorder with Lewy Bodies, Osteoarthritis, Major Depressive Disorder, and Other Specified Congenital Deformities of Feet. During observation on 8/13/25 at the main level of the facility, there was a 2.5' wide open space between the carport and an adjacent fence which led to an 8.5' vertical drop to the paved driveway on the lower level. There was no safety barrier or protective measure in place to prevent falls from the main level to the lower level. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.	V 736		

DHSR Survey for Watauga Opportunities Creekside Group Home

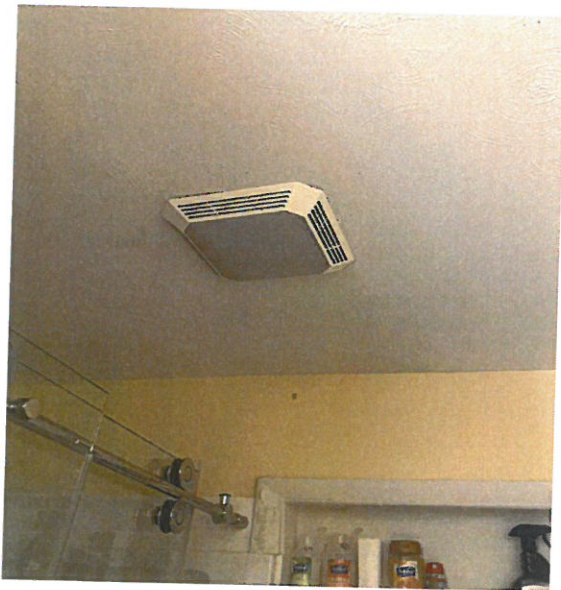
Survey done on 8/13/2025

Pictures to show proof of completion

The permanent fix with a new fence anchored to the concrete drive and concrete post to the ground was completed on 8/27/25 by the contractor. Please see attached picture for proof of permanent fence completion.



The gray stains on the ceiling in bathroom #1 were fixed on 8/14/2025. Please see attached pictures for proof of completion.



The exhaust fan in bathroom #1 was fixed on 8/14/2025. Please see attached pictures for proof of completion.



The toilet paper holder was fixed on 8/14/2025. Please see attached pictures for proof of completion.

