

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CREATIVITY WORKS	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TRIFECTA COURT WHITSETT, NC 27377
---	---

(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>A complaint survey was completed on 9/15/25. The complaint was substantiated (intake #NC00233338). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.</p> <p>The facility is licensed for 2 and has a current census of 2. The survey sample consisted of an audits of 1 current client.</p>	V 000	<p style="text-align: center;">RECEIVED OCT 01 2025 DHSR-MH Licensure Sect</p>	
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the 	V 367		

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

Michael Marshall NSP

TITLE

Executive Director of Creativity Works

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CREATIVITY WORKS	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TRIFECTA COURT WHITSETT, NC 27377
---	---

(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 367	<p>Continued From page 1</p> <p>cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CREATIVITY WORKS	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TRIFECTA COURT WHITSETT, NC 27377
---	---

(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 367	<p>Continued From page 2</p> <p>include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report a level II incidents to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident affecting 1 of 2 clients (client #1). The findings are:</p> <p>Review on 9/4/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 10/1/22 - Diagnoses of Schizoaffective Disorder (D/O), Unspecified; Attention Deficit Hyperactivity D/O and Autistic D/O <p>Interview on 9/12/25 with client #1 revealed:</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CREATIVITY WORKS	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TRIFECTA COURT WHITSETT, NC 27377
---	---

(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 367	<p>Continued From page 3</p> <ul style="list-style-type: none"> - He had spoken with a law enforcement officer (could not recall the date) regarding the neighbor's allegation that he had damaged his fence by kicking it - Denied having kicked/damaged the neighbor's fence - Was not arrested/charged for allegedly damaging the neighbor's fence - Has had no additional encounters with the neighbor or law enforcement <p>Review on 9/10/25 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - An level II incident report last submitted to IRIS by the Executive Director/Qualified Professional #2 (ED/QP#2) on 8/27/25 - The level II incident report reflected that on 8/17/25 at 4:30 pm, "...Neighbor stated that [client #1] kicked his fence and knocked a panel out of place. Neighbor called the police. Police asked [client #1] if he kicked the fence and [client #1] stated that he didn't. Staff went to neighbor fence and helped the neighbor pop the panel back in. Staff stated he would not allow [client #1] to be on that side of the yard. The police did not do a report they asked if the neighbor was fine the neighbor stated yes and everyone went their separate ways." <p>Review on 9/12/25 of a internal incident report completed by the staff #1 and signed by the Qualified Professional #1 (QP #1) revealed:</p> <ul style="list-style-type: none"> - No date listed as to when the internal incident report was completed; however, the form reflected an internal incident report "to be Completed Immediately/Within 24 Hours by Person with First Knowledge of Incident..." - Date of the incident was listed as 8/17/25 at 4:30 pm - "Description of the Incident: Neighbor stated 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CREATIVITY WORKS	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TRIFECTA COURT WHITSETT, NC 27377
---	---

(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 367	<p>Continued From page 4</p> <p>that [client #1] kicked his fence and police came to home. The police asked [client #1] and [client #1] stated that he did not kick the fence. I (staff #1) helped neighbor pop the fence back in place. Police left no report done. I (staff #1) told police and neighbor that [client #1] will no long go on that side of the house..."</p> <p>Interview on 9/12/25 with Qualified Professional #1 (QP #1) revealed:</p> <ul style="list-style-type: none"> - She completed an internal incident report regarding the events of 8/17/25 involving law enforcement and client #1 - Acknowledged that law enforcement came to the facility to investigate a neighbor's allegation that client #1 damaged his fence - Staff #1 assisted with repairs to the fence and agreed to pay for any damages if necessary - Initially did not believe a level II incident report had to be completed regarding the events of 8/17/25 because no charges were filed by the police and no police report was completed - Once it was determined that a level II incident report needed to be submitted, one was completed and submitted to IRIS <p>Interview on 9/10/25 and on 9/15/25 with the ED/QP #2 revealed:</p> <ul style="list-style-type: none"> - A law enforcement officer came to the facility on 8/17/25 to investigate a neighbor's report of client #1 having damaged their fence - Officer spoke with her, staff #1 and client #1 and the neighbor regarding the neighbor's allegation that client #1 had damaged his fence and had been looking into his yard - She met with the neighbor and "apologized" for the client #1's alleged behavior - Staff #1 assisted the neighbor with repair of the fence and also agreed to pay for any damages to the fence that could not be repaired 	V 367		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CREATIVITY WORKS	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TRIFECTA COURT WHITSETT, NC 27377
---	---

(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 367	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Spoke with LME and QP #1 after some discussion, it was determined a level II incident report should be submitted to IRIS - Had no issue with submitting a level II incident report; however, initially there was some confusion as to whether or not one needed to be completed since no charges were filed against client #1 and the police did not complete a investigative report 	V 367		

Division of Health Service Regulation

1800 Umstead Drive

Raleigh, NC 27699

Creativity Works, LLC

700 Trifecta Court

Whitsett, NC 2737

MHL # 041-1231

Plan Of Correction

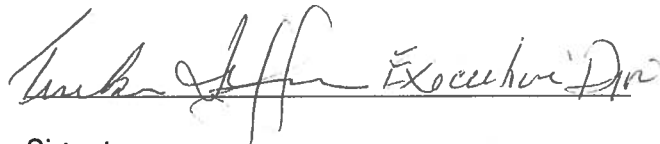
Incident Reporting Requirements

10 A NCAAC 27G .0604 (V 367)

The provider has been educated and notified of time frame on when to enter IRIS. She was educated and given examples of what incidents require an IRIS report.

The Provider will report all incidents directly to the Qualification Professional at the provider agency and to the Executive Director of the provider agency.

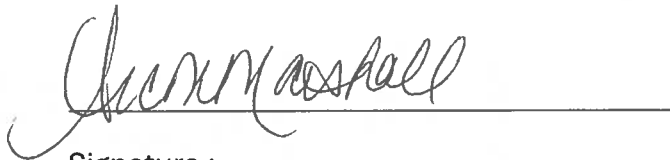
The Executive Director of the provider agency will monitor the Licensed AFL incident reports, and the monitoring will take place monthly.

 Executive Dir

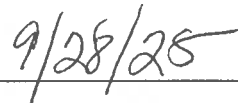
Signature :



Date:



Signature :



Date: