

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 R 09/09/2025
---	--	--	--

NAME OF PROVIDER OR SUPPLIER CREEKSIDE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 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 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. 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.	V 000	V736: 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 at the beginning of October.	
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 observation and interview, the facility was not maintained in an attractive manner. The findings are: Observation of the facility on 9/9/25 at approximately 11:55 am revealed: -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. Interview on 9/9/25 with the Residential Coordinator revealed: -Since the previous survey conducted on 8/13/25, all repairs had been completed except for the	V 736	RECEIVED SEP 4 5 2025 DHSR-MH Licensure Sect	

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

TITLE
President CEO

(X6) DATE

9/22/25

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 R 09/09/2025
NAME OF PROVIDER OR SUPPLIER CREEKSIDE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 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 736	Continued From page 1 kitchen ceiling. -Construction at the facility was ongoing and was expected to be completed by September 30, 2025. -The water stains on the kitchen ceiling had been caused by a roof leak. -There were currently no active leaks, but the construction team needed to ensure the roof was properly repaired before proceeding with any cosmetic restoration of the ceiling. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		