STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL065-275	A. BUILDING: _____ B. WING _____	R 12/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKWOOD HOUSE	629 CREEKWOOD ROAD WILMINGTON, NC 28411

(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 and follow up survey was completed on December 15, 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 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug regimen reviews for 2 of 3 clients (#2, and #3) who received psychotropic medications. The findings are: Review on 12/12/25 of client #2's record	V 121		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 121	Continued From page 1	V 121		

revealed:
- Admission date of 11/26/24.
- Diagnoses of autistic disorder and moderate intellectual and developmental disability (IDD).
- Signed and dated physician's orders for psychotropic medications as follows:
8/15/25
- Risperidone 1mg - Take 1 tablet in the evening.
- Quetiapine 400mg - Take 1 tablet in the evening.
- Quetiapine 50mg - Take 1 tablet in the morning.
- No documented drug regimen reviews.

Review on 12/12/25 of client #3's record revealed:
- Admission date of 3/20/25.
- Diagnoses of autistic disorder, moderate IDD, generalized anxiety disorder, and bipolar disorder.
- Signed and dated physician's orders for psychotropic medications as follows:
11/3/25
- Aripiprazole 10mg - Take 1 tablet daily.
- No documented drug regimen reviews.

Interview on 12/15/25 the Facility Program Manager stated:
- Moving forward, the facility would ensure the drug regimen reviews were completed.