STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G230	A. BUILDING _____ B. WING _____	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE GROUP HOME	723 HILLS FARM STREET LENOIR, NC 28645

(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) COMPLETION DATE
E 015	Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1) §403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for	E 015		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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E 015	Continued From page 1	E 015		

hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:
(A) Food, water, medical, and pharmaceutical supplies.
(B) Alternate sources of energy to maintain the following:
(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
(2) Emergency lighting.
(3) Fire detection, extinguishing, and alarm systems.
(C) Sewage and waste disposal.
This STANDARD is not met as evidenced by:
Based on observation, record review and interview, the facility failed to ensure the provision of subsistence needs for clients and staff relative to the emergency food and water supply. The finding is:

Observation of the facility's emergency food supply on 1/7/26 revealed approximately 20 cans of food items. Continued observation of the facility's emergency water supply revealed six gallons of water.

Review of the facility's emergency preparedness plan (EPP) on 1/7/26 indicated the facility is required to maintain a 3-day supply of food for six clients and two staff, with a minimum of 24 gallons of water.

Interview with home manager on 1/7/26 revealed they were aware the emergency food and water supply was not fully stocked. Continued interview with the qualified intellectual disability professional on 1/7/26 confirmed the emergency food and water supply should be maintained and

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E 015	Continued From page 2 regularly inspected.	E 015		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 1 of 3 audited clients (#6) received a continuous active treatment program consisting of needed interventions relative to mealtime adaptive equipment. The finding is: Mealtime observations in the group home from 1/6-7/26 revealed client #6 to be provided the following adaptive equipment: dycem mat, plate with plate guard and a straight built-up handle spoon and fork. Subsequent interview with Staff I revealed client #6 does not use a built-up curved spoon and there is no built-up curved spoon available in the home. Review of client #6's record on 1/7/26 revealed an occupational therapy (OT) evaluation dated 3/17/25 which indicated their mealtime adaptive equipment includes a dycem mat, plate with plate guard, right built-up handle spoon with tip of spoon facing toward client and built-up handle	W 249		

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W 249	Continued From page 3 fork. Interview with the qualified intellectual disability professional (QIDP) on 1/7/26 confirmed client #6's OT evaluation is current. Continued interview with the QIDP confirmed the facility is responsible for ensuring client #6's mealtime adaptive equipment is available and provided as prescribed.	W 249		
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure food was served in a form consistent with the developmental level of 1 of 3 audited clients (#6). The finding is: Observations in the group home on 1/6/26 at 5:40 PM revealed the dinner meal to include hamburger with bun, French fries, peas, milk and water. Continued observations revealed client #6 to be served the dinner meal in whole form, which the exception of staff modifying the hamburger patty to ground consistency with a blender. Further observation at 5:45 PM revealed client to #6 to choke on and cough up the French fries. Additional observation after the surveyor identified client #6's diet order posted in the kitchen, revealed staff to remove client #6's dinner plate and puree the dinner meal. Subsequent observation revealed client #6 to consume his dinner meal at puree consistency without a negative outcome.	W 474		

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W 474	Continued From page 4 Observations in the group home on 1/7/26 at 7:10 AM revealed the breakfast meal to include scrambled eggs, toast, milk, juice and coffee. Continued observations revealed Staff I and J discussed the need for client #6's breakfast to be pureed, but they could not find the blender. Further observations revealed Staff I to finely chop client #6's toast with a knife and serve the client the scrambled eggs in whole form. Additional observations revealed a food processor in the corner of the kitchen counter. Subsequent observations revealed client #6 to consume his breakfast meal without a negative outcome. Interview with Staff I on 1/7/26 revealed they knew the food processor was on the counter, but they did not want to use it for just two pieces of toast. Continued interview with Staff I revealed they did not puree the scrambled eggs because they were already a soft consistency. Review of client #6's records on 1/7/26 revealed a nutritional assessment dated 7/29/25 which indicated their diet order to be 2000 calories, pureed, low cholesterol, no grapefruit, 4 oz prune juice at breakfast, no seconds. Interview with qualified intellectual disabilities professional (QIDP) on 1/7/26 confirmed the diet order for client #6 is current. Continued interview with the QIDP confirmed staff are responsible for ensuring clients receive their diet orders as prescribed.	W 474		