

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2026  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/26/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEAR CREEK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5840 GREENWOOD AVENUE LA GRANGE, NC 28551</b>		
(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	
W 000	INITIAL COMMENTS	W 000			
W 148	<p>A complaint survey was conducted on 2/26/26 for intake #NC00235888. The complaint was substantiated with deficiencies cited.</p> <p>COMMUNICATION WITH CLIENTS, PARENTS &amp; CFR(s): 483.420(c)(6)</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #1's guardian was notified promptly of his condition. This affected 1 of 2 audit clients. The finding is:</p> <p>Review on 2/26/26 of an incident report dated 1/24/26 (12:16am) revealed, "While laying [Client #1] down I noticed his left foot was swollen so I got [Another staff's name] to notify the nurse." The report noted the client was assessed by the nurse, found to have no pain or discomfort and his foot was elevated with a pillow.</p> <p>Additional review of facility nursing notes dated 1/25/26 indicated the client was taken to a local hospital after refusing to bear weight on his left foot and his guardian was notified. The nursing notes further indicated client #1 had sustained a "nondisplaced fracture of the fifth metatarsal bone, left foot...continue wearing his boots when walking and to F/U with orthopedics. Guardian was made aware..." A nursing note dated 1/28/26 revealed, "Returned from orthopedic doctor at this time...NWB cast for 10 days..." The nursing</p>	W 148			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 148	Continued From page 1 notes did not indicate client #1's guardian had been notified regarding the orthopedic doctor's order for a cast to the client's foot.  Interview on 2/26/26 with client #1's guardian revealed when she visited him on 1/29/26, she noticed he had a cast on his injured foot. Additional interview indicated, although she was made aware of his injured foot, she was not made aware of the application of a cast for client #1 until after she arrived at the home.  Interview on 2/26/26 with the facility's Registered Nurse (RN) indicated after client #1 had been seen by the orthopedic doctor, a cast had been recommended and applied to his left foot. Additional interview revealed the nurse on duty is responsible for informing guardians of specific medical information regarding clients.	W 148			
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)  The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on the record review and interview, the facility failed to ensure that an injury of unknown origin involving client #1 was thoroughly investigated. This affected 1 of 2 audit clients (#1). The finding is:  Review on 2/26/26 of an investigation dated 1/23/26 revealed a staff observed that client #1's left foot was swollen when they put him to bed. After visiting the emergency department, it was determined that he had a fracture to his left foot.  Further review of the investigation dated 1/23/26	W 154			

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W 154	<p>Continued From page 2</p> <p>revealed the facility only interviewed three staff: the two staff who observed the swollen foot and the other one who reported it to nursing. No additional staff were interviewed. Although the cause of client #1's foot injury could not be determined, the investigation came to the conclusion that the fracture to client #1's foot was likely caused by him hitting it on a piece of furniture.</p> <p>Review on 2/26/26 of client #1's Individual Program Plan (IPP) revealed that he requires 8 - 12 hour nursing and 24 hour direct care/assistance. The plan also indicated that during waking hours, he is assigned one-on-one with staff.</p> <p>During an interview on 2/26/26, the Qualified Intellectual Disabilities Professional (QIDP) and Program Director (PD) acknowledged additional facility staff should have been interviewed to determine the cause of client #1 foot injury.</p>	W 154			