

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2026
NAME OF PROVIDER OR SUPPLIER Mill Creek Center for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 4911 Brian Center Lane Winston-Salem, NC 27106	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0584 Level of Harm - Potential for minimal harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations and staff interviews, the facility failed to maintain a clean and homelike environment in 3 of 36 resident rooms on 1 of 2 halls reviewed for a safe, comfortable, and homelike environment (Resident #2, Resident #5, Resident #22, Resident #24, Resident #40, and Resident #41). The findings included: a. An observation of Resident #41/Resident #22's room on 5/26/26 at 10:48 AM revealed all corners and baseboards of the bathroom had a heavy buildup of dirt, hair, food particles, and raised brown matter. A dark brown stain around the entire toilet base was observed; the seal around the toilet base was absent. Red and brown matter were seen on the wall above the commode grab bar. During the same observation, heavy buildup of dust, hair, and paper particles were noted in all corners of the room. A small round metal item and yellow particles were observed on the floor under the window. Three graham crackers were seen on the floor along the wall next to the Bed A. The room was occupied but the residents were unable to be interviewed. b. An observation of Resident #40/Resident #5's room on 5/26/26 at 11:02 AM revealed a heavy layer of dirt, hair, and dust on the baseboard to the right side of Bed A. Brown, raised matter was observed on the wall just above the baseboard. There was a thick layer of dust on the top and bottom surfaces of the baseboard throughout the room. A raised, sticky debris was noted under the bed. A large amount of white matter in a splatter pattern was observed on the back of the room door. Behind the entry door there was heavy hair, dirt buildup that extended along all the baseboards, particularly in all corners. Yellow debris was noted on the floor under the window. Under the air conditioning unit, a large amount of dirt and brown and white particles were seen. During the same observation, in the bathroom a heavy buildup of hair and dirt was observed in all corners. A raised yellow and brown residue was present along the baseboard under the sink extending behind the toilet and surrounding the toilet base. Raised red and brown matter was noted on the wall above the towel rack and on the glove box mounted on the wall. The room was occupied but the residents were unable to be interviewed. c. An observation of Resident #24/Resident #2's room on 5/26/26 at 11:15 AM revealed a heavy layer of dirt and dust behind along the baseboards and corners throughout the room. An area of raised red matter was noted along the baseboard behind Bed B. The wardrobe for Resident #2 was observed to have heavy hair, dust, and paper particles built up along the entire base. An approximately 2-foot section of the baseboard was missing to the left of the window, exposing an open area packed with dust, hair, food, and paper particles. To the right of the window an approximately 2-foot section of baseboard was pulled away from the wall; raised debris was observed above this area. Food particles and heavy dust build up were observed in 5 of 10 louvered vents and around the controls of the air conditioning unit. During the same observation, in the bathroom, heavy buildup of dirt, hair, and dark brown debris were observed under the sink and behind the toilet. All corners of the bathroom had heavy, raised dirt and hair buildup. The residents occupying the room were unable to be interviewed. An interview was conducted with Housekeeper #1 on 5/26/26 at 3:43 PM. She stated that her shift was 8:00 AM to 4:00 PM, five days a week with a permanent assignment on the 200 hallway. She shared she had been assigned to the 200 hallway on 5/26/26. She explained her daily responsibilities for each room included pulling trash from rooms and replacing the liner, cleaning the bathroom floor, sink, toilet, and (continued on next page)		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0584 Level of Harm - Potential for minimal harm Residents Affected - Some	mirror, dusting blinds, wiping down light switches, bed frames, and grab bars, and cleaning the floors in the room. She stated that floor cleaning included sweeping and mopping under the beds, pulling out and cleaning behind dressers and under the window units. Housekeeper #1 stated a deep cleaning of each room was scheduled on a monthly basis and her supervisor did audits following the deep cleaning. She confirmed the daily cleaning in Resident #2, Resident #5, Resident #22, Resident #24, Resident #40 and Resident #41's rooms had been completed on 5/26/26. An observation of the rooms of Resident #41/Resident #22, Resident #40/Resident #5 and Resident #24/Resident #2's rooms was conducted with Housekeeper #1 at 3:50 PM. Issues observed in the morning were still present. The Housekeeper stated she does the best she can, but she lacks a proper mop to remove debris buildup. She shared she had told her supervisor this was a concern. The Housekeeper stated she felt the debris in Resident # 40 and Resident # 5's bathroom was firmly in place, but she was able to remove it with a scraping tool from her cart and a rag. An interview and observations of the rooms of Resident #41/Resident #22, Resident #40/Resident #5 and Resident #24/Resident #2's rooms were conducted with the Administrator on 5/27/26 PM at 3:43 PM as the Housekeeping Director was on vacation and unavailable during the survey period. The Administrator stated daily responsibilities for housekeepers included trash removal from each room, cleaning the overbed tables tops and legs, cleaning the bathrooms, wiping the nightstands if needed, sweeping under each bed, and mopping from the window to door. The Administrator shared she did not conduct monthly room inspections but relied on reports from the Housekeeping Director who conducted monthly inspections of every room. She further stated if substandard work was observed, the assigned housekeeper should redo the room. During this observation of Resident #41/Resident #22, Resident #40/Resident #5 and Resident #24/Resident #2's rooms the Administrator stated the cleanliness did not meet the standards of facility. She indicated she was not aware that Resident #2, Resident #5, Resident #22, Resident #24, Resident #40, and Resident #41's rooms were not clean, and it was unacceptable to have dirty resident rooms. The Administrator stated she did not know why the Housekeeping Director was unaware. She further stated if substandard work was observed, the assigned housekeeper should redo the room.		