

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-179</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/07/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEAUTIFUL CREATIONS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4705 KILLETTE DRIVE 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) COMPLETE DATE
V 000	INITIAL COMMENTS  An annual survey was completed on March 7, 2019. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.	V 000		
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 licensee failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are:  Observation on 03/06/19 at approximately 10:30am revealed the following: - Two smoke detectors in the facility emitted a chirping sound approximately every 35 seconds indicating a battery was needed.  Interview on 03/06/19 the Licensee revealed: - She had the smoke detectors checked and it was not the batteries that were low. The wiring had to be replaced to fix the issue.	V 736		

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

TITLE

(X6) DATE