

Division of Health Service Regulation

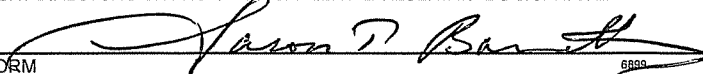
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-179</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/07/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEAUTIFUL CREATIONS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4705 KILLETTE DRIVE LA GRANGE, NC 28551</b>
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(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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on March 7, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.</p>	V 000	<p>DHSR - Mental Health</p> <p><b>MAR 28 2019</b></p> <p>Lic. &amp; Cert. Section</p>	
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>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:</p> <p>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.</p> <p>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.</p>	V 736	<p>Paradigm will have a certified electrician check and repair any wiring issues concerning the smoke detectors in the home.</p> <p>Also to prevent any such issues in the future, the home staff will fill out a safety checklist monthly which requires a safety inspection monthly by staff. This includes testing the detectors to ensure proper functioning and no chirping indicators. QP for the home will ensure these checks are being performed.</p>	<p>4/15/19</p> <p>4/15/19</p>

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM  TITLE **CEO** (X6) DATE **3/25/19**



4054 S. Memorial Dr., Suite K  
Winterville, NC 28590

03/25/2019

To: Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

From: Paradigm, Inc.  
4054 S. Memorial Dr., Suites J&K  
Winterville, NC 28590

Mailing Address:

P.O Box 31091  
Greenville, NC 27833-1091

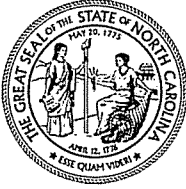
To Whom It May Concern:

Please find accompanying this letter, the original Statements of Deficiencies with the completed Plan of Correction. This is in regard to the Annual Survey which was completed on March 7, 2019. If there is anything else we can provide, or if you have any questions, please do not hesitate to email us at [jbarnett@paradigminc.org](mailto:jbarnett@paradigminc.org) or contact Program Director, Jeannette Barnett at (252) 341-6874 (cell) or (252) 561-8112 (office). Thank you for your time and assistance.

Sincerely,

A handwritten signature in cursive script that reads "Jason T. Barnett".

Jason T. Barnett, CEO  
Paradigm, Inc.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

March 12, 2019

Jeannette Barnette  
Paradigm, Inc.  
P.O. Box 31091  
Greenville, NC 27833

Re: Annual Survey completed 03/07/19  
Beautiful Creations, 4705 Killette Drive, LAGRANGE, NC 28551  
MHL # 054-179  
E-mail Address: [jbarnett@paradigmnc.org](mailto:jbarnett@paradigmnc.org)

Dear Ms. Barnette:

Thank you for the cooperation and courtesy extended during the annual survey completed 03/07/19.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- Tag cited is a standard level deficiency.

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 05/06/19.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

DHSR - Mental Health

MAR 28 2019

Lic. & Cert. Section

03/12/19  
Ms. Barnette  
Paradigm, Inc.

NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone at 252-568-2744.

Sincerely,

*Emily Stanley, BSW*

Emily Stanley, BSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO