

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on December 18, 2019. The complaint was unsubstantiated (intake #NC00158939). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.</p>	V 000		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p>	V 115		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 115	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to provide supervision to ensure the safety and welfare of 1 of 2 clients (#2). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (Tag V366). Based on record reviews and interviews the facility failed to implement incident reporting requirements including attending to the health and safety needs of individual involved in the incident; determining the cause of the incident; developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; assigning person(s) to be responsible for implementation of the corrections and preventive measures.</p> <p>Cross Reference: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (Tag V367). Based on record reviews and interviews the facility failed to complete Level II incident reports as required.</p> <p>Review on 12/17/19 of client #2's record revealed: - 30 year old female admitted 11/7/18. - Diagnoses included Autism Spectrum Disorder, Intellectual/Developmental Disability, moderate, Bipolar Disorder, mixed with psychotic features, Mood Disorder, not otherwise specified, and Obsessive Compulsive Disorder. - "Individual Support Plan" effective 9/1/2019 included ". . . What Others Need to Know to Best Support Me . . . Medical/Behavioral . . . Triggers:</p>	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 115	<p>Continued From page 2</p> <p>Family contact-family not calling when expected, family not following through on promises. Not wanting to do something requested of me. . . "</p> <p>- Psychological Evaluation dated 5/22/18 included history of aggressive outbursts, elopements, poor impulse control, property destruction, and self-injurious behaviors (SIB) of biting and hitting self.</p> <p>- "Individual Behavior Support Plan" dated 9/4/18 included ". . . primary behaviors of concern . . . include: . . . Self-injurious behaviors - defined as banging head, biting, slapping, punching, or hitting self. She will also pick at scabs on her arm and pull her hair . . . "</p> <p>- Behavior data logs 6/2/19 - 8/3/19 included documentation of client #2 hitting and slapping herself, requiring "hand over hand assistance" from staff; banging her head against a wall; scratching her arms, tearing her toe nails off, punching herself in the face and eyes, cursing, spitting, and hitting staff.</p> <p>- Behavior data logs for 8/4/19 - 12/17/19 were not available for review.</p> <p>Review on 12/17/19 of "ED [emergency Department] Patient Legal Record" dated 12/01/19 from a local acute care hospital revealed:</p> <p>- ". . . Chief Complaint/Problem Duration in via EMS [Emergency Medical Services] from group home after decreased LOC [level of consciousness] x [times] 3 days with decreased intake as well staff states she missed 3 days of Depakote and just started back today."</p> <p>- "HEENT [Head, Eyes, Ears, Nose, Throat] Assessment Not Within Normal Limits Comments BRUSING ON FACE AND HEAD FROM SELF INFLICTED EPISODES. "</p> <p>- ". . . Integumentary Assessment: Skin Assessment not within normal limits</p>	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 115	<p>Continued From page 3</p> <p>Integumentary Comments: BRUSING ALL OVER IN VARIOUS STAGES OF HEALING." - "Emergency Physician Record . . . Physical Exam . . . Eyes: . . . + [positive] bilateral raccoon eyes . . . Skin: + various bruises throughout the body."</p> <p>Review on 12/16/19 of photographs provided by a collateral contact revealed client #2 with black/purple bruising to both eyes, and bruises, in varying stages of healing, to her shoulders, sides, upper arms, lower legs, and other parts of her body.</p> <p>During interview on 12/17/19 client #2 stated: -She was going to be discharged from the hospital to a nursing home. - Staff #1/Homeowner was her sister. - Staff #1/Homeowner hit her. - Staff #1/Homeowner raped her. - She did not want to return to the group home. - "Are you going to find me a nursing home?"</p> <p>During interview on 12/17/19 client #2 was observed to become loud and physically aggressive toward herself. She forcefully slapped herself on the face with open hands and punched her thighs with closed fists. Client #2 showed her bruises to the surveyors with little prompting. She was observed to have brown bruises to both eyes, both arms, and around her abdomen. Her cheeks became bright red after she slapped herself.</p> <p>Review on 12/17/19 of staff #1/homeowner's personnel record revealed: - Title of Paraprofessional hire date 6/2/17. -North Carolina Interventions plus (NCI+) Restrictive training, parts A and B completed 12/8/18.</p>	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 115	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Clients' Rights and Abuse Neglect and Exploitation training completed 6/7/17. - Training on mental illness diagnoses and Developmental Disabilities, including Autism, completed 6/7/17 - 7/18/17. <p>During interview on 12/17/19 staff #1/homeowner stated:</p> <ul style="list-style-type: none"> - She worked directly with client #2. - Client #2's SIB "depended on her" and what she wanted. - Client #2's SIB included punching, slapping, pinching, hitting and kicking walls, head banging and pulling her hair. - Client #2 bruised herself and her bruises "last a long time." - Client #2 would rub existing bruises to make them worse and to prevent them from fading. - Some triggers for client #2's behaviors included people not following through on promised activities (such as going out to eat or calling her on the phone). - When client #2 engaged in SIB, she would try to redirect her and change her focus, but redirection "didn't always work." - She would try to block client #2 from hitting or punching herself, using a "hands down" approach, to protect her from harming herself; this approach "didn't always work." - Client #2 had never been placed in a therapeutic hold or other restrictive intervention while she lived at the facility. - If staff attempted to place client #2 in a therapeutic hold, she would become more aggressive. - Client #2 would become aggressive towards others, including hitting, spitting, and biting and would make false allegations, including molestation and violence, against others. - Staff #2 worked with the male client and had 	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 115	<p>Continued From page 5</p> <p>minimal contact with client #2.</p> <ul style="list-style-type: none"> - Client #2 had a behavior plan; she continued to collect behavior data. - Client #2 got along well after she was admitted to the facility but then began having behavior issues. - Client #2 was taken via ambulance to the emergency room at the local acute care hospital 12/01/19 because she "was not acting like herself and she felt cold to touch." - Client #2 was transferred to a large regional medical center for treatment of pneumonia. - She could not handle client #2's behaviors any longer. - She had given 30 day notice of discharge on 11/19/19. - Client #2 would not be returning to the facility after discharge from the hospital. <p>Review on 12/17/19 of staff #2/homeowner's personnel record revealed:</p> <ul style="list-style-type: none"> - Title of Paraprofessional, no clear hire date. - Application for employment dated 6/15/17. - NCI+ Restrictive training, parts A & B completed 11/06/19. <p>During interview on 12/17/19 staff #2/homeowner stated:</p> <ul style="list-style-type: none"> - He worked exclusively with client #1 and "stayed away from [client #2]." - Neither client# 1 nor client #2 had ever been put in a therapeutic hold while at the facility. - He had never really witnessed client #2's SIB. - On 12/01/19 Emergency Medical Services (EMS) was called prior to his arrival at the facility; when he arrived at the facility EMS staff were taking client #2 out of the facility to the ambulance on a stretcher. - Client #2 was strapped onto the stretcher at her waist, but "she was forcing herself to sit up" to 	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 115	<p>Continued From page 6</p> <p>talk to EMS staff.</p> <ul style="list-style-type: none"> - He had never seen any staff place client #2 in a restraint or therapeutic hold. <p>During interview on 12/17/19 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> - Level II incident reports were not submitted for client #2 for each incident of SIB that resulted in bruising. - The Licensee had requested enhanced funding from the Local Management Entity-Managed Care Organization (LME-MCO) to provide additional staffing for client #2, but the funding was not available. - The Licensee was compiling documentation from the psychiatrist and the psychologist to support the request for enhanced funding for additional staff for client #2. - She was not sure where client #2 would be placed after discharge from the hospital. Staff #1/Homeowner had given a 30 day discharge notice. - She thought the Licensee was negotiating with staff #1/homeowner for client #2 to return to the facility. - The Licensee did not have a vacant bed for client #2 at another facility. - She received an email 12/17/19 from client #2's guardian that client #2 was spending another night in the hospital because she bit herself. <p>During interview on 12/18/19 the QP stated:</p> <ul style="list-style-type: none"> - If client #2 was discharged from the facility, to protect her from harming herself, she might require a higher level of care with enhanced staffing, possibly 2 staff at all times, as well as medication management to determine a more effective medication regimen. - Client #2's team had discussed moving her into an apartment with an enhanced staffing pattern, 	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 115	<p>Continued From page 7</p> <p>but funding was not available.</p> <ul style="list-style-type: none"> - She did not recommend placement in a multi-bed group home for client #2. - She received an email from client #2's guardian that client #2 would not be returning to the facility. <p>Review on 12/18/19 of the Plan of Protection dated 12/18/19 and completed by the QP revealed:</p> <ul style="list-style-type: none"> - "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Paradigm [Licensee] will continue to seek additional support from the MCO to justify the need for additional staffing. At this time, the team feels that [client #2] may require a higher level of care due to the seriousness of the self injurious behaviors. QPs will receive an inservice by 12/20/19 to discuss/review completion and submission of incident reports and what is best practice, i.e., whenever serious injury or ongoing behaviors that result in self-injury occur. Moving forward, placement for the individual within a community setting will be contingent upon ensuring there is enough staffing, 2 staff at all times, who have extensive knowledge and training to meet her needs & (and) keep her safe." - "Describe your plans to make sure the above happens: Paradigm will address this with the care coordinator. Paradigm has already sought support letters from NC START and [Psychiatrist] to submit to Trillium for additional funding to support the need for additional staffing. It would be in the best interest of the person supported and Paradigm to ensure this additional funding/support is in place before she is transitioned back into the community." <p>Client #2 is a 30-year-old female with diagnoses of Autism Spectrum Disorder, moderate</p>	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 115	Continued From page 8 Intellectual/Developmental Disability, Bipolar Disorder mixed with psychotic features, Mood Disorder, and Obsessive-Compulsive Disorder. She had a documented history of frequent and severe self-injurious behaviors which included biting herself, banging her head, and punching and hitting herself causing severe bruising. The facility did not provide the supervision to prevent these injuries nor assess the need for increased supervision in spite of the known history. Client #2 was admitted to the hospital for medical care on 12/01/19 and was noted to have "bruising on face and head from self-inflicted episodes," "raccoon eyes," and "bruising all over in various stages of healing." The AFL staff and QP both believed client #2 required at least 2 staff with her at all times to protect her from harming herself. There were only two staff currently employed at the AFL. No incident reports had been completed for the self-injurious behavior. therefore, no risk/cause analysis process had been completed to determine the level of supervision needed for client #2. Due to the failure to address and identify client #2's need for increased supervision allowing her to continue serious self-inflicted injuries, this deficiency constitutes a Type A1 violation for serious harm and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 115		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 118	<p>Continued From page 9</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to administer medications as ordered by a physician for 1 of 2 clients (#2). The findings are:</p> <p>Review on 12/17/19 of client #2's record revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 118	<p>Continued From page 10</p> <ul style="list-style-type: none"> - 30 year old female admitted 11/7/18. - Diagnoses included Autism Spectrum Disorder, Intellectual/Developmental Disability, moderate, Bipolar Disorder, mixed with psychotic features, Mood Disorder, not otherwise specified, and Obsessive Compulsive Disorder. - Physician's orders signed 1/28/19 and 7/30/19 for Depakote (used to treat seizures and Bipolar Disorder) 500 milligrams (mg) three tablets every 12 hours. <p>Review on 12/18/19 of client #2's MAR for November 2019 revealed:</p> <ul style="list-style-type: none"> - Handwritten transcription for Depakote 500 mg "Take (3) tabs (1500 mg) by mouth every 12 hrs [hours]" at 8:00 am and 8:00 pm. - Handwritten notes on the back of the MAR signed by staff #1 and dated 11/27/19, 11/28/19, and 11/29/19 for 8:00 am and 8:00 pm that Depakote was not administered because "Drug temporarily unavailable." <p>Review on 12/17/19 of "ED [Emergency Department] Patient Legal Record" dated 12/01/19 from a local acute care hospital revealed:</p> <p>". . . Chief Complaint/Problem Duration in via EMS [Emergency Medical Services] from group home after decreased LOC [level of consciousness] x [times] 3 days with decreased intake as well staff states she missed 3 days of Depakote and just started back today."</p> <p>During interview on 12/17/19 staff #1 stated:</p> <ul style="list-style-type: none"> - Client #2's medications were always available, she had not missed any doses. - The facility "ran out" of client #2's Depakote and it was not administered for 3 days, 11/27/19 - 11/29/19. - She called the pharmacy for a refill of client #2's 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 118	Continued From page 11 Depakote prior to Thanksgiving (11/26/19) but it was not delivered. - The medication was delivered and client #2 was given her Depakote as ordered on 11/30/19. During interview on 12/17/19 the Qualified Professional stated the pharmacy delivered the medications to the wrong facility.	V 118		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 366	<p>Continued From page 12</p> <p>regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 366	<p>Continued From page 13</p> <p>final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to implement incident reporting requirements including attending to the health and safety needs of individual involved in the incident; determining the cause of the incident; developing and implementing corrective</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 366	<p>Continued From page 14</p> <p>measures according to provider specified timeframes not to exceed 45 days; assigning person(s) to be responsible for implementation of the corrections and preventive measures. The findings are:</p> <p>Review on 12/17/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 30 year old female admitted 11/7/18. - Diagnoses included Autism Spectrum Disorder, Intellectual/Developmental Disability, moderate, Bipolar Disorder, mixed with psychotic features, Mood Disorder, not otherwise specified, and Obsessive Compulsive Disorder. - "Individual Support Plan" effective 9/1/2019 included ". . . What Others Need to Know to Best Support Me . . . Medical/Behavioral . . . Triggers: Family contact-family not calling when expected, family not following through on promises. Not wanting to do something requested of me . . ." - Psychological Evaluation dated 5/22/18 included history of aggressive outbursts, elopements, poor impulse control, property destruction, and self-injurious behaviors (SIB) of biting and hitting self. - "Individual Behavior Support Plan" dated 9/4/18 included ". . . primary behaviors of concern . . . include: . . . Self-injurious behaviors - defined as banging head, biting, slapping, punching, or hitting self. She will also pick at scabs on her arm and pull her hair . . ." - Behavior data logs 6/2/19 - 8/3/19 included documentation of client #2 hitting and slapping herself, requiring "hand over hand assistance" from staff; banging her head against a wall; scratching her arms, tearing her toe nails off, punching herself in the face and eyes, cursing, spitting, and hitting staff. - No behavior data logs completed after 8/3/19 were available for review. 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 366	<p>Continued From page 15</p> <p>Review on 12/17/19 of Level I incident reports for client #2 revealed:</p> <ul style="list-style-type: none"> - ". . . Event Date: 11/19/19 Event Location: Community . . . Summary: [Client #2] went into behaviors at [local discount store] . . . sat in the floor slapped herself constantly. Staff verbally redirected . . . tried blocking [client #2] from her SIB. [Client #2] cursed, spit and hit staff while out in the community. [Client #2] hit herself on the way home in the eye previously blacken from SIB behaviors. . . Plan for Future Corrective Actions Unknown . . ." - ". . . Event Date: 11/13/19 Event Location: Home . . . Summary: [Client #2] went into behaviors because of wanting to go to [respite center]. [Client #2] started her behaviors of scratching her face, pinching/scratching her arms, spitting, beating her eyes and face, slapping herself, hitting staff if staff gets close to her to try to prevent her from SIB behaviors and beating the sides of her legs and thighs . . . Plan for Future Corrective Actions Unknown." - No documentation of the assignment of persons responsible for the implementation of corrections and preventive measures. - Hand written Level I incident reports completed at 8:00 am and 8:00 pm on 11/27/19, 11/28/19, and 11/29/19 for missed doses of Depakote 500 milligrams due to the pharmacy's failure to deliver the medication to the facility; these incident reports did not include any corrective measures to prevent future incidents or persons responsible for the implementation of corrections and preventive measures. <p>During interview on 12/17/19 staff #1 stated:</p> <ul style="list-style-type: none"> - She worked directly with client #2. - Client #2's self-injurious behavior (SIB) "depended on her" and what she wanted 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 366	<p>Continued From page 16</p> <ul style="list-style-type: none"> - Client #2's SIB included punching, slapping, pinching, hitting and kicking walls, head banging and pulling her hair. - Client #2 bruised herself and her bruises "last a long time." - Client #2 would rub existing bruises to make them worse and to prevent them from fading. - Some triggers for client #2's behaviors included people not following through on promised activities (such as going out to eat or calling her on the phone). - When client #2 engaged in SIB, she would try to redirect her and change her focus, but redirection "didn't always work." - She would try to block client #2 from hitting or punching herself, using a "hands down" approach, to protect her from harming herself; this approach "didn't always work." - If staff attempted to place client #2 in a therapeutic hold, she would become more aggressive. - Client #2 would become aggressive towards others, including hitting, spitting, and biting; she would make false allegations, including molestation and violence, against others. - She called the pharmacy for a refill of client #2's Depakote prior to Thanksgiving, but it was not delivered. - The facility "ran out" of client #2's Depakote and it was not administered for 3 days, 11/27/19 - 11/29/19. - The medication was delivered and client #2 was given her Depakote as ordered on 11/30/19. <p>During interview on 12/17/19 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Client #2 frequently hit herself with enough force to cause significant bruising. - Staff tried to redirect her SIB. - The team had discussed strategies to decrease 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 366	Continued From page 17 the frequency and severity of client #2's SIB, including requesting enhanced funding from the Local Management Entity-Managed Care Organization (LME-MCO) for additional staff. - Level II incident reports were not submitted for client #2 for each incident of SIB that resulted in bruising. - If Level II incident reports for each of client #2's incidents of self-injurious behavior were submitted via IRIS, the LME-MCO would have reviewed them. This deficiency is cross referenced into 10A NCAC 27G .0208 Client Services (V115) for a Type A1 rule violation and must be corrected within 23 days.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information;	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 367	<p>Continued From page 18</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 367	<p>Continued From page 19</p> <p>report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to complete Level II incident reports as required. The findings are:</p> <p>Refer to tag V366 for specific information.</p> <p>Review on 12/16/19 of the North Carolina Incident Response Improvement System (IRIS) revealed no level II incident reports for client #2 after 7/26/19.</p> <p>During interview on 12/17/19 the Qualified Professional stated: - Client #2 frequently hit herself with enough force to cause significant bruising and would also pinch</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
--	---

(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 367	<p>Continued From page 20</p> <p>herself causing bruises.</p> <ul style="list-style-type: none"> - The team had discussed strategies to decrease the frequency and severity of client #2's SIB, including requesting enhanced funding from the Local Management Entity-Managed Care Organization (LME-MCO) for additional staff. - Level II incident reports were not submitted for client #2 for each incident of SIB that resulted in bruising. - The LME-MCO reviewed Level II incident reports entered into IRIS. <p>This deficiency is cross referenced into 10A NCAC 27G .0208 Client Services (V115) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 367		