

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>R</b> <b>04/07/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEAUTIFUL CREATIONS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4705 KILLETTE DRIVE</b> <b>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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on April 7, 2022. The complaint was unsubstantiated (intake #NC00187482). A deficiency was cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 2 and has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</li> </ol>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement goals and strategies to address client needs for one of two clients (#2). The findings are:</p> <p>Review on 04/05/22 and 04/07/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 14 year old female.</li> <li>- Admission date of 11/09/21.</li> <li>- Diagnoses of Moderate Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Oppositional Defiant Disorder and Tubular Sclerosis.</li> <li>- Client needed 24 hour supervision to ensure health and safety.</li> <li>- 03/21/22 doctor note client needed close observation due to elopement.</li> <li>- Discharge scheduled for 04/11/22.</li> </ul> <p>Review on 04/05/22 and 04/07/22 of client #2's Individual Service Plan dated 01/17/22 revealed:</p> <ul style="list-style-type: none"> <li>- "Behavioral Supports [Client #2] will be referred to and linked with a behavioral specialist for an assessment and counselor for talk therapy."</li> <li>- "What a Crisis looks like for me: If [Client #2] is triggered she may be verbally abusive, destroy property, storm out of her home."</li> <li>- "How Best to Support Me During a Crisis: Follow [Client #2] is she leaves the home, she will cam</li> </ul>	V 112		

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V 112	<p>Continued From page 2</p> <p>down and return. Speak with [Client #2] in a calm voice. Team will ink with behavioral specialist ad talk therapist for addition techniques."</p> <ul style="list-style-type: none"> <li>- "Member Need: Member (Client #2) has no BH (Behavioral Health) services but indicates a BH risk."</li> <li>- No additional strategies to address client #2's elopement issues.</li> <li>- No documentation client #2 had been linked to a therapist for additional techniques to deal with behaviors.</li> </ul> <p>Review on 04/07/22 of client #2's incidents revealed:</p> <ul style="list-style-type: none"> <li>- 02/10/22 - Elopement.</li> <li>- 02/16/22 - Elopement.</li> <li>- 03/14/22 - Eloped from school multiple times.</li> <li>- 03/27/22 - Eloped from facility twice and was admitted to the local hospital.</li> </ul> <p>Interview on 04/05/22 the Alternate Family Living Provider stated:</p> <ul style="list-style-type: none"> <li>- Client #2 was in the hospital.</li> <li>- On 03/27/22 client #2 had eloped twice and was admitted to the hospital.</li> <li>- Client #2 had multiple elopements from the facility and school.</li> </ul> <p>Interview on 04/07/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- Client #2 had elopement issues.</li> <li>- Client #2 had not been assessed for additional strategies due to being in and out of the hospital.</li> <li>- The team had meetings due to client #2's elopement and safety issues.</li> </ul>	V 112		