

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 R 08/18/2022
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NAME OF PROVIDER OR SUPPLIER BEAUTIFUL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 4705 KILLETTE DRIVE LA GRANGE, NC 28551
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on August 18, 2022. One complaint was unsubstantiated (intake #NC00190949) and one complaint was substantiated (intake #NC00192100). Deficiencies were cited.</p> <p>This 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 currently has a census of 1. The survey sample consisted of audits of 1 current client and 2 former clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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</p>	V 112		

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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>obtained.</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 affecting 1 of 1 current client. The findings are:</p> <p>Review on 8/17/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 8 year old female admitted 6/27/22. - Diagnoses included Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder. - "Assessment Addendum" dated 3/09/22 included " . . . highly recommended that [client#1] is placed within a Level II facility as soon as possible in order to potentially gain stability, increase awareness and skill development and maintain healthy environment for safety. . . " - Comprehensive Clinical Assessment(CCA) and Psychological Testing dated 7/21/22 included an assessment for autism. - Documented history of making homicidal threats. - "Home Care Instructions" from a local acute care hospital's Emergency Department dated 6/27/22 included " . . . Reason for Visit . . . Medication Refill . . . ;" medications listed included benztropine (anti-tremor), guanfacine (ADHD), ziprasidone (anti-psychotic), divalproex (seizure disorder), and desmopressin (nocturnal enuresis). 	V 112		

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Person Centered Plan (PCP) dated 6/23/22 included one goal for respite services; no goals or strategies to address client #1's behavioral, psychiatric, medical, developmental or educational needs. <p>During interview on 8/17/22 Qualified Professional #1 stated:</p> <ul style="list-style-type: none"> - Client #1 was receiving respite services at the facility. - The goal in client #1's PCP addressed respite services. <p>During interview on 8/17/22 the Program Director stated:</p> <ul style="list-style-type: none"> - Client #1 was receiving respite services at the facility. - The facility "usually" only developed "one or two goals because we don't have a CCA with service recommendations." - "We tell them (the Local Management Entity) we do respite for 24 days and hopefully that will give them enough time to find a slot." - The facility was not being reimbursed for providing services for client #1. - She would ensure goals and strategies to meet the clients needs were developed and implemented. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or</p>	V 289		

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V 289	<p>Continued From page 3</p> <p>rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have</p>	V 289		

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V 289	<p>Continued From page 4</p> <p>other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to operate within the scope of its license affecting 1 of 1 current client. The findings are:</p> <p>Review on 8/17/22 of facility records revealed: - Licensed for 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence. - Licensed capacity 2 beds. - No licensure to provide respite services.</p> <p>Review on 8/17/22 of client #1's record revealed: - 8 year old female admitted 6/27/22. - Diagnoses included Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder. - Person Centered Plan dated 6/23/22 included one goal for respite services. - Memorandum dated 6/27/22 signed by Qualified Professional #1 (QP#1) included " . . . [Client #1] .</p>	V 289		

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V 289	<p>Continued From page 5</p> <p>. . is being admitted for temporary respite (private pay) until permanent placement can be located for her since she cannot return home at this time . . . will require 24 hour supervision with awake staff to ensure that she remains healthy and safe . . . "</p> <p>During interview on 8/17/22 QP#1 stated client #1 was receiving respite services at the facility.</p> <p>During interview on 8/17/22 the Program Director stated:</p> <ul style="list-style-type: none"> - Client #1 was receiving respite services at the facility. - "We tell them (the Local Management Entity) we do respite for 24 days and hopefully that will give them enough time to find a slot." - The facility was not being reimbursed for providing residential services for client #1. - The provision of respite services was temporary. - The facility was not licensed to provide respite services. 	V 289		