

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411196	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/21/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL BEGINNINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 2509 ROWE STREET GREENSBORO, NC 27407
---	---

(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 follow up survey was completed on 2/21/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients, 1 former client.</p>	V 000		
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 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</p>	V 289		

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: MHL0411196	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/21/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL BEGINNINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 2509 ROWE STREET GREENSBORO, NC 27407
---	---

(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 289	<p>Continued From page 1</p> <p>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 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 interviews, the</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411196	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/21/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL BEGINNINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 2509 ROWE STREET GREENSBORO, NC 27407
---	---

(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 289	<p>Continued From page 2</p> <p>facility failed to operate under the scope for which it is licensed. This affected 3 of 3 clients (#1- #3). The findings are:</p> <p>Review on 2/20/24 of the facility's license revealed:</p> <ul style="list-style-type: none"> - The program code and description: 5600F Supervised Living Alternative Family (AFL) Living in a Private Residence. <p>Interview on 2/21/24 with staff #1 revealed:</p> <ul style="list-style-type: none"> - The Licensee had not worked nor lived at the facility after the change of address (1/18/24). - Only he, the Qualified Professional, and staff #2 worked in the facility. <p>Interview on 2/21/24 with the Licensee revealed:</p> <ul style="list-style-type: none"> - He was not living in the current licensed AFL facility due to concerns that the clients might say "this or that." He did not know if he would be moving back into the AFL facility "until everything is wrapped up." 	V 289		
V9999	<p>Final Observations</p> <p>Based on record reviews and interviews the facility failed to follow North Carolina General Statute (NCGS) 122C and admitted three clients (#1, #2, and #3) while a Suspension of Admission (SOA) was in effect. The findings are:</p> <p>Per North Carolina General Stature (NCGS) 122-23(g) Article 2, licensure of Facilities for the Mentally III, Developmentally Disabled, and substance Abusers. The Secretary may suspend the admission of any new clients to a facility under this Article where the conditions of the facility are determined to the health and safety of the clients. This suspension shall be for the</p>	V9999		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411196	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/21/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEAUTIFUL BEGINNINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 2509 ROWE STREET GREENSBORO, NC 27407
---	---

(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
V9999	<p>Continued From page 3</p> <p>period determined by the Secretary and shall remain in effect until the Secretary is satisfied that conditions or circumstances merit removal of the suspension.</p> <p>Review on 2/21/24 of the facility's public record maintained by the Division of Health Service Regulation revealed: -A SOA letter dated 1/5/24.</p> <p>Interview on 2/20/24 with client #1's Legal Guardian (LG) revealed: - Client #1 was admitted to the facility, "It was probably the 2nd or 3rd week in January (2024)."</p> <p>Interview on 2/20/24 with the Qualified Professional revealed: - Her first day of employment was 1/19/24. - When she started on 1/19/24 client #1 and client #2 were living in the facility.</p> <p>Review on 2/20/24 of the Licensee's email dated 2/20/24 revealed: - Clients were admitted to the facility on the following dates: - "[client #1] 1/19/24" - "[client #2] 1/19/24" - "[client #3] 2/16/24"</p> <p>Interview on 2/21/24 with the Licensee revealed: - He admitted clients (#1 - #3) when a SOA was issued because he did not know how long the SOA lasted as the SOA letter did not provide a time frame for when the suspension ended.</p>	V9999		