STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL0411196	B. WING		R 05/20/2024	
					1 00/2	O/LULT
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BEAUTIF	UL BEGINNINGS		VE STREET BORO, NC 2	7407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS		V 000				
	completed on May	nt and follow up survey was 20, 2024. The complaint was take #NC00215637). ited.				
		sed for the following service C 27G .5600F Supervised e Family Living.				
	census of 2. The su	ed for 3 and currently has a irvey sample consisted of clients and 1 former client.				
V 107	27G .0202 (A-E) Pe	ersonnel Requirements	V 107			
	which: (1) specifies the competency, work of qualifications for the (2) specifies the the position; (3) is signed by supervisor; and (4) is retained (b) All facilities shale each staff member provides care or sethe facility: (1) is at least 1	Il have a written job director and each staff position e minimum level of education, experience and other e position; e duties and responsibilities of y the staff member and the in the staff member's file. Il ensure that the director, or any other person who rvices to clients on behalf of 8 years of age;				
	follow directions; (3) meets the r competency, work e qualifications for the	ead, write, understand and minimum level of education, experience, skills and other e position; and stantiated findings of abuse or				

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

TITLE (X6) DATE

DIVISION	Division of Health Service Regulation							
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		MHL0411196	B. WING		05/2	₹ 0/2024		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY, S	STATE, ZIP CODE				
			VE STREET	<u>-, -</u>				
BEAUTIF	FUL BEGINNINGS		BORO, NC 2	7407				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 107	Continued From page 1		V 107					
	Personnel Registry. (c) All facilities or sapplicants for employed conviction. The imple decision regarding of upon the offense in which the applicant (d) Staff of a facility currently licensed, raccordance with apservices provided. (e) A file shall be memployed indicating	services shall require that all oyment disclose any criminal pact of this information on a employment shall be based relationship to the job for is applying. If yor a service shall be registered or certified in oplicable state laws for the maintained for each individual gothe training, experience and for the position, including sure, registration or						
	Based on record re failed to ensure eac care or services me	views and interview the facility ch staff member who provides eets the minimum level of osition affecting 3 of 4 staff						
	,	of staff #1's record revealed: 24;						
	Review on 5/15/24 -Date of Hire: 3/30/3	of staff #2's record revealed: 23:						

-No evidence for proof of education.

Division of Health Service Regulation

STATE FORM 6899 PNUH11 If continuation sheet 2 of 12

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411196	B. WING			⋜ 20/2024
	PROVIDER OR SUPPLIER		DDRESS, CITY, S	STATE, ZIP CODE		
BEAUTIF	FUL BEGINNINGS	GREENS	BORO, NC 2	7407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 107	Continued From pa	ge 2	V 107			
	record revealed: -Date of Hire: 6/28/ -No evidence for pr Interview on 5/16/2 (HR) revealed: -The licensee did n					
V 131	G.S. 131E-256 (D2 Verification) HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	ealth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident propriate business files.				
	failed to access the Registry (HCPR) pr	et as evidenced by: views and interview the facility Health Care Personnel ior to the date of hire affecting #3). The findings are:				
	Review on 5/15/24 -Date of Hire: 2/20/ -HCPR dated 5/17/	,				

Division of Health Service Regulation

STATE FORM 6899 PNUH11 If continuation sheet 3 of 12

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` '			3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL0411196	B. WING		05/2	0/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
RFAUTI	FUL BEGINNINGS	2509 ROV	VE STREET				
GREENSE		BORO, NC 2	7407				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 131	Continued From pa	ge 3	V 131				
	Review on 5/15/24 -Date of Hire: 6/28/ -HCPR dated 8/2/2						
	Executive Officer/L revealed:	4 with the AFL Provider/Chief icensee/Qualified Professional					
	-"I or [Human Resource] submit the request to HCPR and Check R for the background check to be completed."						
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133				
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a provider applies to program and any prodevelopmental disaservices that is lice Chapter. (b) Requirement provider licensed unapplicant to fill a possible applicant to have a conditioned on concriminal history recent applicant has beliess than five years is conditioned on concriminal history recent applicant has beliess than five years is conditioned on concriminal history recent ational criminal history recent ational						

Division of Health Service Regulation STATE FORM

PNUH11 If continuation sheet 4 of 12

PRINTED: 05/30/2024 FORM APPROVED

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL0411196	B. WING		R 05/20/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
10 101	TO VIBER OR GOLF EIER		VE STREET	3777.2, 211 0002		
BEAUTIFUL BEGINNINGS		BORO, NC 2	7407			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 133	μ		V 133			
		ord check required by this				
		otherwise provided in this ive business days of making				
	the conditional offer	r of employment, a provider				
		est to the Department of				
		114-19.10 to conduct a ord check required by this				
		mit a request to a private				
	entity to conduct a	State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall finational criminal history				
		mployment positions not				
	covered by Public L	aw 105-277 to the				
		Ith and Human Services, Check Unit. Within five				
		ceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check				
		e provider as to whether the				
		d may affect the employability no case shall the results of the				
		story record check be shared				
	with the provider. P	roviders shall make available				
		cation that a criminal history				
		mpleted on any staff covered ounty that has adopted an				
		dinance and has access to				
		inal Information data bank				
		half of a provider a State				
		ord check required by this				
		provider having to submit a artment of Justice. In such a				
		all commence with the State				
	criminal history reco	ord check required by this				
		ousiness days of the				
		employment by the provider. nformation received by the				
		itial and may not be disclosed,				

Division of Health Service Regulation STATE FORM

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					_	,
		MIII 044440C	B. WING		F 05/0	
		MHL0411196	B. WIIVO		05/2	0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			VE STREET			
BEAUTIF	FUL BEGINNINGS			7407		
			BORO, NC 2	.7407		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAG	TREGOL WORLD ON E	oo ibarrii Tiiro ii ii Oranii (1101)	TAG	DEFICIENCY)		
V 133	Continued From pa	ge 5	V 133			
	avaant ta tha anni:	ant as musicided in subsection				
		ant as provided in subsection				
	(c) of this section. F					
		n "private entity" means a				
		engaged in conducting				
		ord checks utilizing public				
	records obtained from					
	· ,	pplicant's criminal history				
		Is one or more convictions of				
		the provider shall consider all				
		ors in determining whether to				
	hire the applicant:					
	(1) The level and se	eriousness of the crime.				
	(2) The date of the	crime.				
	(3) The age of the p	person at the time of the				
	conviction.					
	(4) The circumstand	ces surrounding the				
	commission of the	crime, if known.				
	(5) The nexus betw	een the criminal conduct of				
		job duties of the position to be				
	filled.	, '				
	(6) The prison, jail,	probation, parole.				
		employment records of the				
		ate the crime was committed.				
		t commission by the person of				
	a relevant offense.	a commission by the percent of				
		on of a relevant offense alone				
		employment; however, the				
		be considered by the provider.				
		ualifies an applicant after				
		relevant factors, then the				
		se information contained in				
		record check that is relevant				
		on, but may not provide a copy				
		ry record check to the				
	applicant.	n. Americal and a second second				
		y A provider and an officer				
		ovider that, in good faith,				
		ection shall be immune from				
	civil liability for:					

DIVISION	of Health Service Re	eguiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	,
		MHL0411196	B. WING		1	0/2024
		WINE0411196			05/2	0/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2509 ROV	VE STREET			
BEAUTIF	UL BEGINNINGS		BORO, NC 2	7407		
	OUR MAA DV OTA				211	
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
1/400	0	0	V/ 400			
V 133	Continued From pa	ge 6	V 133			
	(1) The failure of th	e provider to employ an				
		sis of information provided in				
		record check of the individual.				
		an employee's history of				
		the employee's criminal				
		k is requested and received in				
	compliance with thi					
	•	se As used in this section,				
		neans a county, state, or				
		tory of conviction or pending				
		ne, whether a misdemeanor or				
		pon an individual's fitness to				
		for the safety and well-being of				
		ental health, developmental				
		tance abuse services. These				
	· ·	criminal offenses set forth in				
		Articles of Chapter 14 of the				
		Article 5, Counterfeiting and				
		ubstitutes; Article 5A, itive and Legislative Officers;				
		Article 7A, Rape and Other				
		ele 8, Assaults; Article 10,				
		duction; Article 13, Malicious				
	, ,	y Use of Explosive or				
	,	or Material; Article 14, Burglary				
		eakings; Article 15, Arson and				
		icle 16, Larceny; Article 17,				
		, Embezzlement; Article 19,				
		or Sorvices by Falso or				
		or Services by False or				
		Credit Device or Other Means;				
	,	ial Transaction Card Crime				
		uds; Article 21, Forgery; Article				
		st Public Morality and				
		A, Adult Establishments;				
Ì		ion; Article 28, Perjury; Article				
ı		31, Misconduct in Public				
		Offenses Against the Public				
	Peace; Article 36A,	Riots and Civil Disorders;				

Division of Health Service Regulation

STATE FORM 6899 PNUH11 If continuation sheet 7 of 12

DIVISION	of Health Service Re	guiation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL0411196	B. WING		R 05/20/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
REALITI	FUL BEGINNINGS	2509 ROW	/E STREET			
BLAUTII	OL BEGINNINGS	GREENSE	BORO, NC 2	7407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From page 7		V 133			
	Protection of the Falintoxication; and Ar Crime. These crime sale of drugs in viol Controlled Substan 90 of the General Soffenses such as saviolation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for employing supplies, or otherwian employment approximinal history reconshall be guilty of a Conditional Employan applicant obtaining the results check regarding the following requirement (1) The provider shapping to obtaining the criminal history reconsubsection (b) of the fingerprint cards as (2) The provider shapping the provider shap	on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related as also include possession or ation of the North Carolina ces Act, Article 5 of Chapter statutes, and alcohol-related ale to underage persons in B-302 or driving while of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, as gives false information on olication that is the basis for a ord check under this section class A1 misdemeanor. Class A1 misdemeanor. Class A1 misdemeanor of a criminal history record applicant if both of the ents are met: all not employ an applicant e applicant's consent for ord check as required in its section or the completed required in G.S. 114-19.10. all submit the request for a ord check not later than five the individual begins ment. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				

Division of Health Service Regulation

This Rule is not met as evidenced by:

STATE FORM 6899 PNUH11 If continuation sheet 8 of 12

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
					R		
		MHL0411196	B. WING		1	0/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BEAUTIF	FUL BEGINNINGS		VE STREET BORO, NC 2	7407			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 133	Continued From page 8		V 133				
	failed to submit a ci check within 5 busin conditional offer of staff (#1 and #3). T Review on 5/15/24 -Date of Hire: 2/20// -Criminal backgrou Review on 5/16/24 -Date of Hire: 6/28// -Criminal backgrou Interview on 5/17/26 Executive Officer/Li -"I or [Human Reso	of staff #1's record revealed: 24; nd dated 5/17/24. of staff #3's record revealed: 22;					
V 289	provides residential home environment these services is the rehabilitation of individuals, a developm or a substance abusupervision when ir (b) A supervised like the facility serves error (1) one or mor (2) two or mor Minor and adult clies ame facility. (c) Each supervised	ng is a 24-hour facility which I services to individuals in a where the primary purpose of the care, habilitation or ividuals who have a mental tental disability or disabilities, use disorder, and who require in the residence.	V 289				

Division of Health Service Regulation

STATE FORM 6899 PNUH11 If continuation sheet 9 of 12

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		MHL0411196	B. WING			0/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BEAUTII	FUL BEGINNINGS		VE STREET BORO, NC 2	7407		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 289	designated below: (1) "A" design serves adults whos illness but may also (2) "B" design serves minors who developmental disadiagnoses; (3) "C" design serves adults whos developmental disadiagnoses; (4) "D" design serves minors whos substance abuse dother diagnoses; (5) "E" design serves adults whos substance abuse dother diagnoses; (6) "F" design serves adults whos substance abuse dother diagnoses; or (6) "F" design serves adults whos substance abuse dother diagnoses; or (6) "F" design private residence, where adult clients whose primadevelopmental disabilities, or three clients whose primadevelopmental disabilities whose pri	nation means a facility which e primary diagnosis is mental o have other diagnoses; nation means a facility which se primary diagnosis is a ability but may also have other nation means a facility which e primary diagnosis is a ability but may also have other nation means a facility which se primary diagnosis is ependency but may also have nation means a facility which e primary diagnosis is ependency but may also have nation means a facility which e primary diagnosis is ependency but may also have nation means a facility in a which serves no more than whose primary diagnoses is nay also have other adult clients or three minor	V 289			

Division of Health Service Regulation

STATE FORM 6899 PNUH11 If continuation sheet 10 of 12

DIVISION	Division of Health Service Regulation						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL0411196	B. WING		05/2	R 0/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
			VE STREET	· · · · -, - · · · · · · · · · · · · · ·			
BEAUTIF	FUL BEGINNINGS		BORO, NC 2	7407			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 289	Continued From pa	ge 10	V 289				
	•	ring or assisted family living					
	facility failed to ope it is licensed affection. The findings are: Review on 5/14/24	et as evidenced by: view and interviews, the rate under the scope for which ng 2 of 2 clients (#1 and #2). of the facility license revealed: and description: 5600F					
		lternative Family Living (AFL)					
	from the Division of (DHSR) Mental Healicensee revealed:	of an email dated 3/26/24 Health Services Regulation alth Licensure Section to the n until 7/5/24, therefore the e returned."					
	-"[Staff #2], [staff #3 that live with me at	4 with client #1 revealed:					
		4 with client #2 revealed: oup home are [staff #3], [staff					

Division of Health Service Regulation STATE FORM

6899 If continuation sheet 11 of 12 PNUH11

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				B. WING		2
		MHL0411196	B. WING		05/2	0/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BEAUTIF	FUL BEGINNINGS		VE STREET BORO, NC 2	7407		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 289	Continued From pa	ge 11	V 289			
V 289		stitutes a re-cited deficiency	V 289			

6899

Division of Health Service Regulation STATE FORM