F CORRECTION	IDENTIFICATION NUMBER:		ONSTRUCTION		E SURVEY PLETED
		A. BUILDING:			
	MHL0411196	B. WING		06	R 6/ 23/2025
ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
IL BEGINNINGS					
		,			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
INITIAL COMMENTS		V 000			
category: 10A NCAC	27G .5600C Supervised				
census of 3. The surv	ey sample consisted of				
27G .0209 (C) Medica	ation Requirements	V 118			
10A NCAC 27G .0209 REQUIREMENTS	9 MEDICATION				
(1) Prescription or no only be administered order of a person aut	n-prescription drugs shall to a client on the written				
(2) Medications shall	-				
administered only by unlicensed persons tr	licensed persons, or by ained by a registered nurse,				
(4) A Medication Adm all drugs administered	and administer medications. inistration Record (MAR) of d to each client must be kept				
recorded immediately	after administration. The				
(C) instructions for ac(D) date and time the(E) name or initials of	lministering the drug; drug is administered; and				
	(EACH DEFICIENC REGULATORY OR I REGULATORY OR I INITIAL COMMENTS Annual and follow up 6/23/25. Deficiencies This facility is license category: 10A NCAC Living for Adults with This facility is license census of 3. The surv audits of 3 current clice 27G .0209 (C) Medica 10A NCAC 27G .0209 REQUIREMENTS (c) Medication admini (1) Prescription or no only be administered order of a person auti drugs. (2) Medications shall client's physician. (3) Medications, inclu administered only by unlicensed persons tr pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ac (D) date and time the	ROVIDER OR SUPPLIER STREET A 2509 RC GREEN: SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS Annual and follow up survey was completed on 6/23/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients. 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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 init	Immuneration Immuneration ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE IL BEGINNINGS 2509 ROWE STREET GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG INITIAL COMMENTS V 000 Annual and follow up survey was completed on 6/23/25. Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medication, 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. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administering the drug; (C) instructions for administering the drug; (C) instruct	Intervention Vision Intervention STREET ADDRESS. CITY, STATE. ZIP CODE 2609 ROWE STREET GREENSBORO, NC 27407 209 ROWE STREET GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WAS THE PERCEDED BUT PULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREPIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACT (CROSS-REFERENCED TO T) DEFICIENCY INITIAL COMMENTS V 000 V 000 Annual and follow up survey was completed on 6/23/25. Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5000C Supervised Living for Adults with Developmental Disability. V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. V 118 (2) Medications, including injections, shall be administered only by licensed persons, or by unlicense, including injections, shall be administered only by licensed person and privileged to prepare and administer medications. (4) A Medication Administration: (4) A Medication saminister administered shall be recorded immediately affer administration. The MAR is to include the following: (a) clients only by administering the drug; (C) instructions for administering the drug; (C) instructions for administering the drug; (C) administer on administering the drug; (C) administer on administering the drug; (D) date and time the drug is administering the drug; (C) administer on administering the d	Immediate Immediate Immediate Isourcer or supplier STREET ADDRESS, CITY, STATE, ZP CODE Is BEGINNINGS 2509 ROWE STREET GREENSBORO, NC 22407 SUMMARY STATEMENT OF DEFICIENCE REQUILATORY OR LISC IDENTIFYING INFORMATION) PREFIX TAG PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION) PREFIX TAG INITIAL COMMENTS V 000 Annual and follow up survey was completed on 6/23/25. Deficiencies were cited. PREFIX TAG This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disability. V 118 10A NCAC 27G. 0209 MEDICATION REQUIREMENTS (0) Medication administration: (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. V 118 (2) Medications, including injections, shall be administered to achimistration: (2) Medications, shall be self-administered by clients physica. (3) Medications, including injections, shall be administered on the following: (4) clients and person administration. (4) A Medication Administration. The MAR Is to include the following: (4) clients name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) adde and time the drug is administered; and (E) name or inititas of person administere

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IDERTIFICION TOTAL TOTA	A. BUILDING:			
		MHL0411196	B. WING		06	R 5/23/2025
AME OF PF	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
EAUTIFU	L BEGINNINGS		WE STREET			
	2 220111100	GREEN	SBORO, NC 27407			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pag	e 1	V 118			
	checks shall be reco	or medication changes or rded and kept with the MAR opointment or consultation				
	facility failed to keep of 3 clients (#1, #2, a Review on 6/19/25 o -An admission date -Diagnoses of Mode Developmental Disa	iews and interview, the the MARs current affecting 3 and #3). The findings are: f client #'1 record revealed: of 5/27/24. rate intellectual bility, Autistic disorder, ive disorder, Hypertension, ary Incontinence.				
	Review on 6/19/25 or orders dated 3/15/25 -Zolpidem Tartrate 1 tablet by mouth at be - Divalproex SOD (se 500 mg, take one tal mood. - Lorazepam 1mg, ta mouth twice daily for -Memantine Hcl 10m twice daily for catato -Divalproex Solidum by mouth at bedtime	f client #1's physician's 5 revealed: 0mg (milligram), take one edtime for insomnia. odium) DR (delayed release). olet by mouth twice daily for ake one and ½ tablet by anxiety. ng, take one tablet by mouth nia. ER 250mg, take one tablet				

STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL0411196	B. WING		06	R 5/23/2025
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
BEAUTIFU	IL BEGINNINGS		WE STREET SBORO, NC 27407			
				PROVIDER'S PLAN O		(275)
(X4) ID PREFIX TAG	(EACH DEFICIENC	LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pag	e 2	V 118			
	bedtime for mood.					
		t 5mg, take two tablets by				
	mouth at bedtime for					
		m 40mg, take one table by				
	mouth everyday for a					
		g, take one tab by moth				
	everyday for anxiety/depression. -Tamsulosin HCL 0.4mg, take one tablet by					
	mouth in the morning for BPH.					
	-Vyvanse 30mg, take one tablet by mouth every					
	morning for ADHD (A Disorder).	Attention Deficit Hyperactive				
	-Ferosul 325mg, take day (supplement).	e one tablet by mouth every				
	,	ke one tablet by mouth every				
	•	blet, take one tablet by				
	mouth three times da	aily for severe agitation.				
	Review on 6/19/25 o 2025 through June 1	f MARs dated from April				
	revealed:					
	-April 2025- No staff					
	Risperidone 3mg on	following medications: 4/29, 4/30.				
	-May 2025-No staff i					
	administration of follo Risperidone 3mg on					
	-June 1, 2025-June 1 document administra	19, 2025 -No staff initials to tion of following				
		done 3mg on 6/10 for 8am				
		, 6/6, 6/7, 6/8, 6/9, 6/10 for				
	2pm dosage.	,,,,,,				
		f client #2's record revealed:				
	-An admission date of					
		otive Mood Dysregulation ectrum Disorder, Mild				

Division of Health Service Regula STATE FORM

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	Ation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		A. BUILDING:			
	MHL0411196	B. WING		R 06/23/2025	
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
BEAUTIFUL BEGINNINGS		OWE STREET SBORO, NC 27407			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118 Continued From page	3	V 118			
Intellectual Developme -He was 24 years old.	ental Disability, Asthma.				
by mouth daily for stoo -Omeprazole DR (dired capsule by moth once to first meal of the day stomach. -Haloperidol 10mg, tak bedtime for mood. -Aripiprazole 5mg, take bedtime for mood. -Clonidine HCL 0.5mg, once a day at bedtime pressure. -Escitalopram 20mg, ta once a day at bedtime -Rosuvastatin Calcium mouth at bedtime for s -Olanzapine 15mg, tak twice daily for aggressi -Triamcinolone 0.1%, a inflammation relief.	evealed: ke one tablet by mouth or ogram), take one capsule of softener. ct release) 20mg, take one a day 30-60 minutes prior for reducing acid in the one tablet by mouth at the one tablet by mouth at take one tablet by mouth for regulating of blood ake one tablet by mouth for mood. 5mg, take one tablet by upplement. te one tablet by mouth ion/psychosis. apply to skin daily for R 250mg, take one tablet nood. MARs dated from April 2025, for client #1				

Division of Health Service Regulation STATE FORM

6899

MOFH11

If continuation sheet 4 of 8

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			R
		MHL0411196	B. WING		06/23/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
BEAUTIFL	JL BEGINNINGS		WE STREET			
			SBORO, NC 27407			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	e 4	V 118			
	on 5/6, 5/7, 5/8, 5/9,	alproex Sodium ER 250mg 5/10, 5/11, 5/12 at 8am sage, 5/1, 5/2, 5/3, 5/4 4pm				
	document administra medications: Divalpro 6/1, 6/2, 6/3, 6/4, 6/5 Triamcinolone 0.1%	19, 2025 -No staff initials to ition of following bex Sodium ER 250mg on , 6/6, 6/7, 6/8 8pm dosage, on 6/3, 6/4, 6/5, 6/6, 6/7, 6/8, 2, 6/3, 6/4, 6/5, 6/6, 6/7, 6/8.				
	-An admission date of -Diagnoses of Bipola sever, with psychotic	r disorder, Episode depress, features, Mild Intellectual bility, Antisocial behavior, ost Traumatic Stress				
	orders dated 5/8/25 r -Aripiprazole 15mg, t everyday for mood.	ake one tablet by mouth R 150mg, take one capsule				
	bedtime for sleep. -Prazosin HCL 1mg, day at bedtime for PT -Chlorpromazine HCL mouth three times da -Trazodone HCL 150	L 50mg, take one tablet by aily. Img take one tablet by mouth				
		(discontinued on 5/8/25) f MARs dated from April 9, 2025, for client #1				

STATE FORM

				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
					-	
		MHL0411196	B. WING		06	6/23/2025
AME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
EAUTIFU	JL BEGINNINGS		OWE STREET SBORO, NC 27407			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	e 5	V 118			
		initials to document following medications: n 4/7, 4/28, Trazodone HCL				
	document administra medications: Chlorpr	9, 2025 -No staff initials to tion of following omazine HCL 50mg on 6/3, , 6/9, 6/17/, 6/18 for 3pm				
	Interview on 6/20/25 -There were no none -He always signed th					
	Interview on 6/23/25 Director/Licensee/Qu revealed:					
	review MARs monthly -Unless they (staff) g we leave it blank (MA	ive it (medication) to them ARs)."				
	medication administra	accurately document ation it could not be received their medications				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
	This Rule is not met	as evidenced by:				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL0411196	B. WING		06	R 5/23/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
BEAUTIFU	JL BEGINNINGS		WE STREET			
			SBORO, NC 27407			
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From pag	e 6	V 736			
	Based on observatio	ns and interviews the facility				
	was not maintained i	n a safe, clean, attractive,				
	and orderly manner.	The findings are:				
		cility on 6/20/25 between the				
	times of 10:30am to 11:15am revealed: -Ten broken slats in the mini blinds in Client #1's bedroom window to the left of the room. -Thirteen broken slats in the mini blinds in Client #1's bedroom window to the right of the room.					
	-Main hallway in front of facility had a baseball					
	size hole in the wall.					
	-Main hallway front door of facility had a baseball					
	size dent in the wall.					
		t of facility 4 boxes of paper				
	products.					
	-	-Back hallway floor had 3 inches of missing parts of tile on the flooring. -Back hallway brown stain on floor vent, with				
	-Back hallway brown					
	cracks along the tiles					
		ve washing machine had a				
	missing door. -Kitchen vanity pullin	a away from wall				
	• •	mini blinds in front area of				
	the facility.					
	-Bathroom flooring no	ot level with cracks.				
	•	one foot of missing paneling				
	outside of tub area.					
		2-inch brown stain under the				
	overflow covering dra					
	-Bathroom tub/showe throughout wall pane	•				
	Interview on 6/20/25	with Staff #1 revealed:				
	-The flooring needs t	o repair, it had been about a				
	-	I had been coming apart.				
	Interview on 6/23/25	with the				
	Director/Licensee/Qu					
	revealed:		1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION					(X3) DATE SURVEY COMPLETED	
						R
		MHL0411196	B. WING		06	/23/2025
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
EAUTIFU	JL BEGINNINGS		OWE STREET SBORO, NC 27407			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pag	e 7	V 736			
	and everything was a -The facility was a ol					