STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION    MINISTRATION NUMBER   MAIL INFO CONSTRUCTION   MAIL INFO CONSTRUCTION	Division	of Health Service Regu	ulation			FORM APPROVE	
MANE OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  BEAUTIFUL BEGINNINGS  2509 ROWE STREET  GREENSBORO, NC 27407  (KA) D PREFIX  TAG  SUMMARY STATEMENT OF DEFICIENCES GREENSBORO, NC 27407  (KA) D PREFIX  TAG  VOOD  INITIAL COMMENTS  VOOD  Annual and follow up survey was completed on 6/32925. 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.  VO RECOUREMENTS  (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person atthinistered by clients only when authorized by law to prescribe drugs. (2) Medications, including injections, shall be administered only by licensed persons, or by unilconsed persons trained by a registered nurse, pharmacsist or other legally qualified person and privileged to prepare and administer medications, (4) A Medication Administration. Record (MAR) of all drugs administered shall be recorded immediately lafter 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 drugs to the drug	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	3880 374			
BEAUTIFUL BEGINNINGS    SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   REACH DEFICIENCY MUST BE PRECISED BY PULL   RESOLUCIONY ON LISC IDENTIFYING INFORMATION    PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REPERRINCED TO THE APPROPRIATE DATE			MHL0411196	B. WING		An a second responsible and a second responsib	
Column   C	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	FE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES   Dispersion   PROVIDER'S PLAN OF CORRECTION   (EACH CORRECTIVE ACTION SHOULD BE DATE   PROVIDER'S PLAN OF CORRECTION   (EACH CORRECTIVE ACTION SHOULD BE DATE   DEFICIENCY)   TAO   PREPRIX TAO   PROVIDER'S PLAN OF CORRECTION   (EACH CORRECTIVE ACTION SHOULD BE DATE   DEFICIENCY)   TAO   COMMENTS   V 000      V 000   INITIAL COMMENTS   V 000   V	REALITIE	II REGINNINGS	2509 RO	WE STREET			
PREFIX TAG    CEACH CORRECTIVE ACTIONS SHOULD BE CROSS-REPERRENCE TO HE APPROPRIATE DEFICIENCY	BEAUTIF	JE BEGINNINGS	GREENS	BORO, NC 2740	7		
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(E) name or initials of person administering the							
drug.		(E) name or initials of p					
ision of Health Service Regulation		-					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND I EAN OF CONNECTION		IDENTIFICATION NUMBER:	A, BUILDING	s:	COMP	LETED
		MHL0411196 B. WING		I constant	R <b>23/2025</b>	
NAME OF P	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
DEALITIE	UL BEGINNINGS	2509 ROW	E STREET			
BEAUTIF	OL BEGINNINGS	GREENSE	30RO, NC 27	407		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
	(5) Client requests for checks shall be record file followed up by app with a physician.  This Rule is not met a Based on record revie facility failed to keep the of 3 clients (#1, #2, and Review on 6/19/25 of c-An admission date of -Diagnoses of Modera Developmental Disabil Obsessive Compulsive Hyperlipidemia, Urinara-He was 59 years old.  Review on 6/19/25 of corders dated 3/15/25 re-Zolpidem Tartrate 10 ntablet by mouth at bedit	medication changes or ded and kept with the MAR pointment or consultation  as evidenced by: ws and interview, the me MARs current affecting 3 dd #3). The findings are: client #'1 record revealed: 5/27/24. te intellectual ity, Autistic disorder, edisorder, Hypertension, y Incontinence.  client #1's physician's evealed: ng (milligram), take one	V 118			
	500 mg, take one table mood.  - Lorazepam 1mg, take mouth twice daily for an -Memantine Hcl 10mg, twice daily for catatonia -Divalproex Solidum Ef by mouth at bedtime fo -Mirtazapine 30mg, tak bedtime for sleep.	t by mouth twice daily for e one and ½ tablet by exists, take one tablet by mouth a. R 250mg, take one tablet				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING			3
		MHL0411196	B. WING			23/2025
NAME OF P	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
BEAUTIF	UL BEGINNINGS	2509 ROW	E STREET ORO, NC 27	407		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	COMPLETE DATE
V 118	Continued From page	2	V 118			
	bedtime for mood.  -Qc Melatonin Max st mouth at bedtime for sepantoprazole Sodium mouth everyday for ar -Sertraline HCL 50mg everyday for anxiety/de-Tamsulosin HCL 0.4m mouth in the morning severyday for ADHD (Att Disorder).  -Ferosul 325mg, take sepant for mood.  -Risperidone 3mg tab morning for mood.  -Risperidone 3mg tab mouth three times daily.  Review on 6/19/25 of New 2025 through June 19, revealed:  -April 2025- No staff in administration of the for Risperidone 3mg on 4/  -May 2025-No staff initial administration of follow Risperidone 3mg on 5/  -June 1, 2025-June 19, document administration medications: Risperidone Risperido Risp	5mg, take two tablets by sleep.  1 40mg, take one table by nixiety/depression.  1, take one tab by moth slepression.  1 and take one tablet by for BPH.  1 one tablet by mouth every stention Deficit Hyperactive one tablet by mouth every se one table	V 118			
	Review on 6/19/25 of c -An admission date of 1 -Diagnoses of Disruptiv Disorder, Autism Spect	e Mood Dysregulation				

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED	
					l ,	3	
		MHL0411196 B. WING			23/2025		
NAME OF D	ROVIDER OR SUPPLIER	OTDEET AL	222222222222222222222222222222222222222		1 00/2	LO/ LO25	
NAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, STATI	E, ZIP CODE			
BEAUTIF	JL BEGINNINGS		<i>N</i> E STREET BORO, NC 27407				
(V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES					
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I		(X5) COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE	DATE	
				DEFICIENCY)			
V 118	Continued From page	3	V 118				
	Intellectual Developme	ental Disability, Asthma.					
	-He was 24 years old.						
	Review on 6/19/25 of						
	orders dated 3/15/25 i						
	<ul> <li>Aripiprazole 15mg, ta everyday for mood.</li> </ul>	ke one tablet by mouth					
	-Loratadine 10mg, tak	e one tablet by mouth					
	everyday for allergy.	o one tablet by mount					
		rogram), take one capsule					
	by mouth daily for stool softener.						
		ct release) 20mg, take one					
	to first meal of the day	a day 30-60 minutes prior					
	stomach.	for reducing acid in	24				
	-Haloperidol 10mg, take on tablet by mouth at						
	bedtime for mood.						
		e one tablet by mouth at					
	bedtime for mood.	taka ana tahiri human di					
	once a day at bedtime	take one tablet by mouth					
	pressure.	ior regulating or blood					
	-Escitalopram 20mg, ta	ake one tablet by mouth					
	once a day at bedtime						
		5mg, take one tablet by					
	mouth at bedtime for s -Olanzapine 15mg, tak	The Control of the Co			1		
	twice daily for aggressi	ing a magina and a managina and a photo and a managina and a mana					
	-Triamcinolone 0.1%, a						
	inflammation relief.						
		R 250mg, take one tablet					
	three times a day for m	100d.					
	Review on 6/19/25 of M	MARs dated from April					
	Review on 6/19/25 of MARs dated from April 2025 through June 19, 2025, for client #1					- 1	
	revealed:					İ	
	-May 2025-No staff initi					- 1	
	administration of follow					- 1	
		5/1, 5/2, 5/3, 5/4, 5/5, 5/8,					
	o/9, o/10,o/11,5/20, 5/2	1, 5/22, 5/23, 5/24, 5/25 at	1				

Division of Health Service Regulation FORM APPROVED						RM APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10000 0000	CONSTRUCTION	A MODELLA MARKET AND A STATE OF THE ADDRESS OF THE	E SURVEY PLETED
		MHL0411196	B. WING		06	R 6/23/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	FE, ZIP CODE		
BEAUTIF	UL BEGINNINGS	2509 RC	WE STREET			
		GREENS	SBORO, NC 2740	7		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT 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 APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From page	4	V 118			
	on 5/6, 5/7, 5/8, 5/9, 5	proex Sodium ER 250mg /10, 5/11, 5/12 at 8am age, 5/1, 5/2, 5/3, 5/4 4pm				
	document administrati medications: Divalproe 6/1, 6/2, 6/3, 6/4, 6/5, Triamcinolone 0.1% or	9, 2025 -No staff initials to on of following ex Sodium ER 250mg on 6/6, 6/7, 6/8 8pm dosage, n 6/3, 6/4, 6/5, 6/6, 6/7, 6/8, 6/3, 6/4, 6/5, 6/6, 6/7, 6/8.				
	-An admission date of -Diagnoses of Bipolar sever, with psychotic for	disorder, Episode depress, eatures, Mild Intellectual ity, Antisocial behavior,				
	by mouth mouth every anxiety/depressionMirtazapine 15mg, tak bedtime for sleepPrazosin HCL 1mg, tak day at bedtime for PTS -Chlorpromazine HCL 5mouth three times daily -Trazodone HCL 150m; at bedtime for sleep. (d	vealed: xe one tablet by mouth  50mg, take one capsule morning for  e one tablet by mouth at  ke one cap by mouth every D/Nightmares.  50mg, take one tablet by x. g take one tablet by mouth iscontinued on 5/8/25)				
	Review on 6/19/25 of N 2025 through June 19, revealed:					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING		R	
		MHL0411196	B. WING		06/23/2025	
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  BEAUTIFUL BEGINNINGS 2509 ROWE STREET					
		GREENSE	ORO, NC 274	107		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFIGIENCY)	BE COMPLETE	
V 118	Continued From page	5	V 118			
	-April 2025- No staff in administration of the for Prazosin HCL 1mg on 150mg on 4/7.					
	document administrati medications: Chlorpro	9, 2025 -No staff initials to on of following mazine HCL 50mg on 6/3, 6/9, 6/17/, 6/18 for 3pm				
	Interview on 6/20/25 w -There were no none r -He always signed the	medication errors.				
	Interview on 6/23/25 w Director/Licensee/Quarevealed: -The Qualified Profess review MARs monthly. -Unless they (staff) giv we leave it blank (MAR- -"We don't provide MA	lified Professional ional and Pharmacist e it (medication) to them Rs)."				
	"Due to the failure to a medication administrat determined if clients re as ordered by the phys	ion it could not be ceived their medications				
V 736	27G .0303(c) Facility a	nd Grounds Maintenance	V 736			
	manner and shall be ke odor.	MENTS grounds shall be lean, attractive and orderly ept free from offensive				
	This Rule is not met a	s evidenced by:				

Division of Health Service Regulation

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MUI 0444406	B. WING		R	
		MHL0411196	B. WING		06/23/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
BEAUTIF	UL BEGINNINGS		E STREET			
	1		BORO, NC 274	T		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 736	Continued From page	6	V 736			
V 736	Based on observation was not maintained in and orderly manner. To Observation of the factimes of 10:30 am to 1'-Ten broken slats in the bedroom window to that 'Thirteen broken slats #1's bedroom window -Main hallway in front size hole in the wall.  -Main hallway front do size dent in the wall.  -Main hallway front do size dent in the wall.  -Main hallway floor had of tile on the flooring.  -Back hallway brown scracks along the tiles.  -Kitchen cabinet above missing door.  -Kitchen vanity pulling.  -Four broken slats in mathe facility.  -Bathroom flooring not -Bathroom tub had a 2 overflow covering drain -Bathroom tub/shower throughout wall paneling.  Interview on 6/20/25 was -The flooring needs to month since the vinyl had so the since the	s and interviews the facility a safe, clean, attractive, the findings are: ility on 6/20/25 between the 1:15am revealed: e mini blinds in Client #1's e left of the room. in the mini blinds in Client to the right of the room. of facility had a baseball or of facility had a baseball or of facility had a baseball of facility 4 boxes of paper d 3 inches of missing parts tain on floor vent, with a washing machine had a away from wall. hini blinds in front area of level with cracks. e foot of missing paneling the hold in the contract of the c	V 736			
	Interview on 6/23/25 wi Director/Licensee/Qual revealed:					

PRINTED: 06/26/2025 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R B. WING MHL0411196 06/23/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2509 ROWE STREET **BEAUTIFUL BEGINNINGS** GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 736 V 736 Continued From page 7 -"Construction came out a couple of months ago and everything was approved." -The facility was a older building. -Maintenance will be making updates to the facility.

#### Plan of Correction

Provider Name: Beautiful Beginnings Services, LLC

Date of Review: June 19-23, 2025

Prepared by:

Tag V118 - Medication Administration Documentation Deficiencies

#### **Deficient Practice:**

Failure to document administration of multiple medications across various dates for Clients #1 and #2. This included Divalproex Sodium ER 250mg, Triamcinolone 0.1%, Olanzapine 15mg, Prazosin HCL 1mg, Trazodone HCL 150mg, and Chlorpromazine HCL 50mg. MARs showed blank entries, making it unclear whether medications were administered as ordered by the physician.

#### **Corrective Measures to Address the Deficiency:**

#### 1. Policy and Procedure Update:

The MAR documentation policy has been updated to require staff to initial the MAR immediately after administering medication. The policy also clarifies that no blank entries are acceptable, and any missed documentation must be corrected with appropriate justification and notification to the QP or nurse.

### 2. Staff Training:

All staff responsible for medication administration will be retrained on:

- Correct MAR documentation practices,
- How to handle missed or late entries.

o The importance of compliance with physician orders and regulatory guidelines.

Training will be completed by **July 7, 2025** with signed acknowledgments placed in staff files.

#### 3. Shift-Level Medication Review:

A **Medication Pass Checklist** will be added to each shift to ensure that all MARs are reviewed and verified before shift change.

#### **Measures to Prevent Recurrence:**

- Weekly MAR audits will be conducted by the QP or medication oversight nurse to catch and address errors in real-time.
- Any staff found with repeated documentation errors will undergo additional training and possible reassignment or disciplinary action.

### **Monitoring Plan:**

- Responsible Person: Qualified Professional (QP) and/or Medication Oversight Nurse.
- Frequency: Weekly audits for the next 90 days, then monthly thereafter. Spot checks will also be conducted biweekly.

## Tag V736 - Facility and Grounds Maintenance Deficiencies

### **Deficient Practice:**

Failure to maintain the facility in a safe, clean, attractive, and orderly condition. Observations revealed:

- Multiple broken slats in mini blinds (Client #1's room and front area),
- Holes and dents in hallway walls,
- Stained floor vents, damaged tiles, and uneven flooring,
- Missing kitchen cabinet door and vanity pulling away from the wall,
- Cracked and discolored bathroom flooring and tub area.

# Corrective Measures to Address the Deficiency:

## 1. Facility Repairs and Cleaning:

- o Mini blinds throughout the facility will be replaced.
- o Holes, dents, and missing paneling in walls will be patched and repainted.
- o Damaged flooring in the hallway and bathroom will be repaired or replaced.
- o Stains on vents and tubs will be professionally cleaned or refinished.
- Kitchen cabinetry will be repaired and re-secured.

Note: Construction contractors visited the facility a couple of months ago and all structural conditions were approved at that time. However, due to the age of the building, ongoing wear-and-tear is expected. Maintenance will continue making updates to ensure the facility meets safety and cleanliness standards.

# 2. Environmental Inspection Protocol:

A weekly facility walk-through checklist will be implemented by the Site Manager or QP to identify maintenance issues before they escalate.

### **Measures to Prevent Recurrence:**

- Monthly safety and maintenance inspections will be formally documented.
- Staff will receive guidance on how to immediately report damage or hazards using the Facility Maintenance Request Form.

# **Monitoring Plan:**

- Responsible Person: Site Manager and Director/QP.
- Frequency: Weekly internal walk-throughs, with monthly maintenance reports submitted to the Director. Quarterly facility reviews will also be conducted during QP meetings.

## Signature:

Director

Date: 07/25/2025