Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060171	A. BUILDING _____ B. WING _____	R 10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLISSFUL LIVING SENIOR CARE	8901 ROBINSON CHURCH ROAD CHARLOTTE, NC 28215

(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
C 000	Initial Comments The Adult Care Licensure Section and Mecklenburg County Department of Social Services conducted an annual and follow-up survey on 10/09/24.	C 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or conclusions set forth in the state of deficiencies of corrective action report; the plan of correct is prepared solely of a matter of compliance with state law.	
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure 1 of 3 residents was administered a medication to treat pain/ stiffness (Resident #2). The findings are: Review of Resident # 2's current FL2 dated 03/18/24 revealed diagnoses included spinal stenosis, major depressive disorder, bipolar and hypertension. Review of Resident #2's physician order dated 07/24/24 revealed an active order for cyclobenzaprine (used to treat muscle stiffness/ pain) 10mg, give one tablet by mouth at bedtime. Review of Resident #2's September 2024 Medication Administration Record (MAR)	C 330	10A NCAC 13G .1004(a) Medication Administration • On 10/10/2024, a MAR/cart audit was completed to ensure meds available for current orders. • On 10/11/2024, an agreement was signed with a new pharmacy. • MAR to cart audits will be completed weekly by Administrator or designee. • On 10/26/2024, training was completed by RN on Medication Administration including new orders and medications available.	

M. A Administrator 11/11/24

Reviewed and acknowledged 11/19/24

	revealed:			

PRINTED: 10/24/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060171	A. BUILDING _____ B. WING _____	R 10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLISSFUL LIVING SENIOR CARE	8901 ROBINSON CHURCH ROAD CHARLOTTE, NC 28215

(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

M. A Administrator 11/11/24

C 342	Continued From page 5 -Venlafaxine HCL ER was dispensed in a bubble pack that contained the resident's other prescribed medications that were scheduled at the same time. -The pharmacy representative did not know why the prescribed medication (venlafaxine) was omitted from the October 2024 MAR but added to the bubble pack grouping of medications prescribed for Resident #2. Interview with the Administrator on 10/09/24 at 4:20pm revealed: -He did not realize Resident #2's prescribed medication venlafaxine HCL ER (give two capsules by mouth daily) was missing from the October 2024 MAR. -He did not add the missing entry of venlafaxine to the October 2024 MAR for Resident #2. -He observed venlafaxine HCL ER among the group of medications in the October 2024 bubble pack. -Venlafaxine HCL ER was an active order and was administered to Resident #2 as ordered, although it was not on the MAR from 10/01/24 - 10/09/24. -The Supervisor-in-Charge was responsible for auditing the MAR. -Medication Aides (MA) were expected to check the MAR against medications on the cart prior to administration. b. Review of Resident #2's physician order dated 07/24/24 revealed an active order for cyclobenzaprine (used to treat muscle stiffness/ pain) 10mg, give one tablet by mouth at bedtime. Review of Resident #2's September 2024 MAR revealed: -There was an entry for cyclobenzaprine 10mg, give one tablet by mouth daily at bedtime.	C 342		

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

M - R Administrator 11/11/24

	FCL060171		10/09/2024

NAME OF PROVIDER OR SUPPLIER

BLISSFUL LIVING SENIOR CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

8901 ROBINSON CHURCH ROAD

CHARLOTTE, NC 28215

(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
C 342	Continued From page 6 -Cyclobenzaprine 10mg, give one tablet by mouth at bedtime was documented as administered on 09/01/24 through 09/30/24. Review of Resident #2's October 2024 MAR revealed: -There was an entry for cyclobenzaprine 10mg, give one tablet by mouth daily at bedtime. -Cyclobenzaprine 10mg, give one tablet by mouth at bedtime was documented as administered on 10/01/24 through 10/08/24. Observation of Resident #2's medications on hand 10/09/24 revealed cyclobenzaprine 10mg was not available on the medication cart or any other location in the facility. Telephone interview with a Pharmacist at the facility's contracted pharmacy on 10/09/24 at 3:49pm revealed: -Resident #2's cyclobenzaprine 10mg was last dispensed in August 2024 (one month supply). -Resident #2 had enough cyclobenzaprine 10mg medication through 09/19/24 (give one tablet by mouth daily at bedtime). -The pharmacy did not receive a refill prescription order for cyclobenzaprine 10mg from the doctor until today 10/09/24. -The potential outcome related to Resident #2 not receiving cyclobenzaprine 10mg as ordered between 09/20/24 and 10/09/24 could result in change in sleeping patterns and/ or increased muscle spasms. Interview with Resident #2 on 10/09/24 at 11:40am revealed she had not experienced any changes in sleep patterns, increased muscle spasms or other symptoms. Telephone interview with the Nurse Practitioner	C 342		

M.A.P Administrator 11/11/24

PRINTED: 10/24/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060171	A. BUILDING _____ B. WING _____	R 10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLISSFUL LIVING SENIOR CARE	8901 ROBINSON CHURCH ROAD CHARLOTTE, NC 28215

(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
C 342	Continued From page 7 on 10/09/24 at 4:27pm revealed: -She had not been Resident #2's provider since June 2024. -She was not the prescribing physician for Resident #2's cyclobenzaprine 10mg. - Resident #2 could experience withdrawal symptoms if she stopped taking cyclobenzaprine 10mg. -She was no longer the provider for Resident #2. Interview with the Administrator on 10/09/24 at 4:20pm revealed: -He documented in error that he administered cyclobenzaprine 10mg medication to Resident #2 at bedtime between 09/20/24 and 10/08/24. -He did not know Resident #2 had been out of cyclobenzaprine until this morning (10/09/24), when the surveyor brought it to his attention. -He did not realize Resident #2's cyclobenzaprine 10mg medication was not refilled after 09/19/24 and was not in the facility. -He planned to pick up the medication from the pharmacy today (10/09/24). -Resident #2 did not report any increased symptoms related to changes in sleep patterns or muscle spasms. -He and the Supervisor-in-Charge were responsible for auditing the MAR and comparing it to the medications on hand. -He expected all staff to compare the MAR to medications on hand, before administering any medication. Attempted telephone interview with Resident #2's current Primary Care Provider (PCP) on 10/09/24 at 4:30pm was unsuccessful.	C 342		

M.D. Administrator 11/11/24

	FCL060171		10/09/2024

NAME OF PROVIDER OR SUPPLIER

BLISSFUL LIVING SENIOR CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

8901 ROBINSON CHURCH ROAD

CHARLOTTE, NC 28215

(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
C 342	Continued From page 3	C 342		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medication administration records (MAR) were accurate for 1 of 3 sampled residents (Resident #2) related to the documentation of a medication used to treat depression and another medication to treat pain/stiffness. The findings are: Review of Resident # 2's current FL2 dated 03/18/24 revealed diagnoses included spinal stenosis, major depressive disorder, bipolar and hypertension.	C 342	10A NCAC 13G .1004(j) Medication Administration • On 10/10/2024, a MAR/cart audit was completed to ensure meds available for current orders. • On 10/11/2024, an agreement was signed with a new pharmacy. • MAR to cart audits will be completed weekly by Administrator or designee. • On 10/26/2024, training was completed by RN on Medication Administration including new orders and medications available.	

M. A Administrator 11/11/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060171	A. BUILDING _____ B. WING _____	R 10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLISSFUL LIVING SENIOR CARE	8901 ROBINSON CHURCH ROAD CHARLOTTE, NC 28215

(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
C 342	Continued From page 4 a. Review of Resident #2's physician order dated 03/19/24 revealed an order for venlafaxine (used to treat depression) 150mg, give two capsules by mouth daily. Review of Resident #2's August 2024 MAR revealed: -There was an entry for venlafaxine 150mg, give two capsules by mouth daily. -Venlafaxine 150mg, give two capsules by mouth daily was documented as administered on 08/01/24 through 08/31/24. Review of Resident #2's September 2024 MAR revealed: -There was a handwritten entry for venlafaxine 150mg, give two capsules by mouth daily. -Venlafaxine 150mg, give two capsules by mouth daily was documented as administered on 09/01/24 through 09/30/24. Review of Resident #2's October 2024 MAR revealed there was no entry for venlafaxine 150mg, give two capsules by mouth daily. Observation of Resident #2's medications on hand on 10/09/24 at 4:29pm revealed: -There was a bubble pack with venlafaxine 150mg, give two capsules by mouth daily. -Venlafaxine was dispensed to the facility on 09/20/24 with a quantity of 56 capsules.	C 342		

M. R Administrator 11/11/24

	Telephone interview with a representative from the facility's contracted pharmacy on 10/09/24 at 3.27pm revealed: -Resident #2 had an active order for venlafaxine HCL ER (extended release, give two capsules by mouth daily) that was last filled and dispensed on 09/20/24 (28-day supply).			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060171	A. BUILDING: _____ B. WING _____	R 10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLISSFUL LIVING SENIOR CARE	8901 ROBINSON CHURCH ROAD CHARLOTTE, NC 28215

(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

M. N Administrator 11/11/24

C 330	Continued From page 1 -There was an entry for cyclobenzaprine 10mg, give one tablet by mouth daily at bedtime. -Cyclobenzaprine 10mg, give one tablet by mouth at bedtime was documented as administered on 09/01/24 through 09/30/24. Review of Resident #2's October 2024 MAR revealed: -There was an entry for cyclobenzaprine 10mg, give one tablet by mouth daily at bedtime. -Cyclobenzaprine 10mg, give one tablet by mouth at bedtime was documented as administered on 10/01/24 through 10/08/24. Observation of Resident #2's medications on hand 10/09/24 revealed cyclobenzaprine 10mg was not available on the medication cart or any other location in the facility. Telephone interview with a Pharmacist at the facility's contracted pharmacy on 10/09/24 at 3:49pm revealed: -Resident #2's cyclobenzaprine 10mg was last dispensed in August 2024 (one month supply). -Resident #2 had enough Cyclobenzaprine 10mg medication through 09/19/24 (give one tablet by mouth daily at bedtime). -The pharmacy did not receive a refill prescription order for cyclobenzaprine 10mg from the doctor until today 10/09/24. -The potential outcome related to Resident #2 not receiving cyclobenzaprine 10mg as ordered between 09/20/24 and 10/09/24 could result in change in sleeping patterns and/ or increased muscle spasms. Interview with Resident #2 on 10/09/24 at 11:40am revealed she had not experienced any changes in sleep patterns, increased muscle spasms or other symptoms.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060171	A. BUILDING _____ B. WING _____	R 10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
	8901 ROBINSON CHURCH ROAD

M-R Administrator 11/11/24

(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
C 330	Continued From page 2 Telephone interview with the Nurse Practitioner on 10/09/24 at 4:27pm revealed: -She had not been Resident #2's provider since June 2024. -She was not the prescribing physician for Resident #2's cyclobenzaprine 10mg. - Resident #2 could experience withdrawal symptoms if she stopped taking cyclobenzaprine 10mg. -She was no longer the provider for Resident #2. Interview with the Administrator on 10/09/24 at 4:20pm revealed: -He documented in error that he administered cyclobenzaprine 10mg medication to Resident #2 at bedtime between 09/20/24 and 10/08/24. -He did not know Resident #2 had been out of cyclobenzaprine until this morning (10/09/24), when the surveyor brought it to his attention. -He did not realize Resident #2's cyclobenzaprine 10mg medication was not refilled after 09/19/24 and was not in the facility. -He planned to pick up the medication from the pharmacy on today (10/09/24). -Resident #2 did not report any increased symptoms related to changes in sleep patterns or muscle spasms. -He and the Supervisor-in-Charge were responsible for auditing the MAR and comparing it to the medications on hand. -He expected all staff to compare the MAR to medications on hand, before administering any medication. Attempted telephone interview with Resident #2's current Primary Care Provider (PCP) on 10/09/24 at 4:30pm was unsuccessful.	C 330		

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R

M - [signature] Administrator 11/11/24