

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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>An annual survey was completed on 8/14/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of an audit of 2 current clients.</p>	V 000		
V 116	<p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(a) Medication dispensing:</p> <p>(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.</p> <p>(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall</p>	V 116		

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: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 116	<p>Continued From page 1</p> <p>not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observation, the facility failed to ensure dispensing of medications was restricted to pharmacists, physicians or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 2 clients (#1). The findings are:</p> <p>Record review on 8/6/24 for Client #1 revealed: -Date of admission: 8/1/22. -Diagnoses: Profound Intellectual Developmental Disability (IDD), Autism Spectrum Disorder, Fragile X Chromosomal Disorder. -Physician ordered medications dated 6/27/24 included: -Linzess 290mcg (micrograms) (irritable bowel syndrome) 1 capsule every morning. -Pantoprazole 20mg (milligram) (reflux) 1 tablet every morning. -Cetirizine 10mg (allergies) 1 tablet every morning. -Levothyroxine 25mcg (thyroid) 1 tablet every morning. Additionally, medications ordered on 1/31/24 included:</p>	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 116	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Risperidone 2mg (antipsychotic) 1 tablet twice daily. -Divalproex 250mg (mood) 1 tablet every morning, 2 tablets every evening. -Benzotropine 0.5mg (psychotropic side effects) 1 tablet twice daily. <p>Observation on 8/6/24 at approximately 1:45pm of Client #1's medications revealed:</p> <ul style="list-style-type: none"> - 4 small plastic baggies (2"x3") with a variety of unidentified tablets enclosed. 1 baggie had handwritten "[Client #1] PM" while the other 3 baggies had local retail store name imprinted. There were 6 tablets in 1 baggie; 6 tablets and 1 capsule in 1 baggie ; and 4 tablets in each of the other 2 baggies. In addition, cut from a multipack folder, was the bottom row of 4 unopened individual blister packs labeled as SAT (Saturday) morning (which contained 6 tablets), noon (empty), evening (2 tablets), bedtime (2 tablets). <p>Interviews on 8/6/24 on 8/12/24 with the Alternative Family Living (AFL) provider revealed:</p> <ul style="list-style-type: none"> -Switched pharmacies 2 years ago. "The days didn't match up with the new pharmacy. I just kinda used it (medications dispensed from previous pharmacy) ...it was still good ...I packaged it in daily am and pm packages and put them back for cases like now." -"The 2 large white pills are Depakote (divalproex), the small white one is benzotropine and the pink tab (tablet) is risperidone I think; I may be getting those mixed up." -"I had a backlog of medicine and just kept using it all along ...I'm doing the best I can do ...I know this is wrong but she (Client #1) needs her medication." -"I just cut the bottom off (of the multipack) but 	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 116	<p>Continued From page 3</p> <p>snapped those others out of the packs."</p> <p>Interview on 8/12/24 with the Licensee's Registered Nurse (RN) revealed: -Had been with the licensee for years but only began working with the residential programs last year. -Provided medication administration training for all staff annually. -"I do not train staff to pop pills from current containers to repack in baggies or pill planners. We can't do that because we won't know what's in there. Must keep medications in package from the pharmacy." -Did monthly reviews in the facilities but only looked at medication administration records but would be spending more time looking at the medications and orders from now on.</p> <p>Interview on 8/8/24 with the current dispensing Pharmacy Manager revealed: -Initially began dispensing medications for Client #1 on 5/5/23. -"Always done in bubble packs ...sometimes single cards in addition to the multipacks."</p> <p>This deficiency is cross referenced into 10A NCAC 27G.0209 Medication Requirements (V118) for a Type A1 violation and must be corrected within 23 days.</p>	V 116		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly</p>	V 117		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 117	<p>Continued From page 4</p> <p>visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observation, the facility failed to ensure that medications were labeled as required for 1 of 2 clients (#1). The findings are:</p> <p>Record review on 8/6/24 for Client #1 revealed: -Date of admission: 8/1/22. -Diagnoses: Profound Intellectual Developmental Disability (IDD), Autism Spectrum Disorder, Fragile X Chromosomal Disorder. -Physician ordered medications dated 6/27/24</p>	V 117		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 117	<p>Continued From page 5</p> <p>included:</p> <ul style="list-style-type: none"> -Linzess 290mcg (micrograms) (irritable bowel syndrome) 1 capsule every morning. -Pantoprazole 20mg (milligram) (reflux) 1 tablet every morning. -Cetirizine 10mg (allergies) 1 tablet every morning. -Levothyroxine 25mcg (thyroid) 1 tablet every morning. <p>Additionally, medications ordered on 1/31/24 included:</p> <ul style="list-style-type: none"> -Risperidone 2mg (antipsychotic) 1 tablet twice daily. -Divalproex 250mg (mood) 1 tablet every morning, 2 tablets every evening. -Benzotropine 0.5mg (psychotropic side effects) 1 tablet twice daily. <p>Observation on 8/6/24 at approximately 1:45pm of Client #1's medications revealed:</p> <ul style="list-style-type: none"> - 4 small plastic baggies (2"x3") with a variety of unidentified tablets enclosed. 1 baggie had handwritten "[Client #1] PM" while the other 3 baggies had local retail store name imprinted. There were 6 tablets in 1 baggie; 6 tablets and 1 capsule in 1 baggie ; and 4 tablets in each of the other 2 baggies. In addition, cut from a multipack folder, was the bottom row of 4 unopened individual blister packs labeled as SAT (Saturday) morning (which contained 6 tablets), noon (empty), evening (2 tablets), bedtime (2 tablets). -There was no pharmacy label on the baggies or the section of the multipack . <p>Interviews on 8/6/24 and 8/12/24 with the Alternative Family Living (AFL) provider revealed:</p> <ul style="list-style-type: none"> -"The 2 large white pills are Depakote (divalproex), the small white one is benzotropine 	V 117		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 117	Continued From page 6 and the pink tab (tablet) is risperidone I think; I may be getting those mixed up." -"I had a backlog of medicine and just kept using it all along ...I'm doing the best I can do ...I know this is wrong but she (Client #1) needs her medication." -"I just cut the bottom off (of the multipack) but snapped those others out of the packs." This deficiency is cross referenced into 10A NCAC 27G.0209 Medication Requirements (V118) for a Type A1 violation and must be corrected within 23 days.	V 117		
V 118	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;	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 118	<p>Continued From page 7</p> <p>(D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observation, the facility failed to ensure medications were administered on the written order of a physician and failed to ensure that 1 of 2 paraprofessional staff (Alternative Family Living (AFL) provider) demonstrated competency effecting 1 of 2 current clients (#1). The findings are:</p> <p>Cross Reference: 10A NCAC 27G.0209 Medication Requirements (V116). Based on record reviews, interviews and observation, the facility failed to ensure dispensing of medications was restricted to pharmacists, physicians or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 2 clients (#1).</p> <p>Cross Reference: 10A NCAC 27G.0209 Medication Requirements (V117). Based on record reviews, interviews and observation, the facility failed to ensure that medications were labeled as required for 1 of 2 clients (#1).</p> <p>Cross Reference: 10A NCAC 27G.0209</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 118	<p>Continued From page 8</p> <p>Medication Requirements (V119). Based on record reviews, interviews and observation, the facility failed to dispose of medications in a manner that guards against diversion or accidental ingestion for 1 of 2 clients (#1).</p> <p>Review on 8/12/24 of Client #1's MARs from 6/1-8/9/24 revealed: -Risperidone was documented as administered 6/1-8/9/24. -Divalproex was documented as administered 6/1-8/9/24. -Benzotropine was documented as administered 6/1-8/9/24.</p> <p>Observation on 8/6/24 at approximately 1:45pm of Client #1's medications revealed: -Weekly multi-dose packets in the folder with medication labels on the left side and blister packs containing multiple medications on the right. Each folder contained 7 days/rows of medications beginning with Sunday at the top and 4 columns of blister packs labeled morning, noon, evening and bedtime. The weekly folder had handwritten dates on the front of the pack to indicate the week for administration. -There was no Risperidone 2mg , (milligram) (antipsychotic), Divalproex 250mg (mood), or Benzotropine 0.5mg (psychotropic side effects).</p> <p>Interview on 8/6/24 with the AFL provider revealed: -Had called the doctor's office and the pharmacy. -The pharmacy called the doctor also. -"Had issue with me and the pharmacy in getting her (Client #1) medication (orders) ...can't get orders to the pharmacy for them to fill the medication." -"Had these issues before ...left [previous pharmacy] because we had the same issues with</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 118	<p>Continued From page 9</p> <p>getting doctor orders." -"Had been off and on for 2 years with this doctor group (client saw a variety of physicians/prescribers) ...[Doctor] was doing (ordering) [Client #1]'s meds (medications) for a while then told to go to med review person...a different doctor changed her stomach meds."</p> <p>Additional interview on 8/12/24 with the AFL provider revealed: -Took Client #1 to the doctor on 8/8/24. Got orders and medications. -"Staggering is using medications from 1 month to the next." -"There are times they don't put meds in the booklet but on single cards ...I just wanted them to be on the same day." -"I made phone calls and told I needed to make an appointment ...went personally to doctor's office." -"I know the severity of her (Client #1) need for medication because I have known her since she was 5 years old ...she's lived with me since she was 18...no sense to make her suffer."</p> <p>Interview on 8/13/24 with the Registered Nurse (RN) revealed: -"Met with [AFL Provider] this morning. 'Staggering' just meant that medications sent from the pharmacy did not necessarily match the same day of the week and so she had 'extra meds'." Labeled days were just not in sync with the calendar days.</p> <p>Interview on 8/8/24 with the Clinical Director/Qualified Professional (CD/QP) revealed: -"[The AFL Provider] didn't let us know (she needed assistance getting Client #1's medications). She is usually on top of stuff."</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 118	<p>Continued From page 10</p> <p>Interview on 8/8/24 with the current dispensing Pharmacy Manager revealed: -Risperidone, divalproex and benztropine were last dispensed 7/1/24. "Orders were written 1/30/24 for 90-day supply with 2 refills...there were no other refill orders ...calls have been made (to the physician)...refills requested for all 3 medications at the same time ...tell our patients, 'you may need to walk in there (doctor's office) physically to get their attention'." -"We automatically request refills when we see the need, the week or 2 before they are due. This was the 2nd or 3rd request sent to the doctor but we don't keep a record of every time we send requests."</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 8/13/24 of Plan of Protection dated 8/13/24 and signed by the Clinical Director/Qualified Professional (CD/QP) revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? -Nurse (RN) went out on 8/13/24 and retrained on all medication requirements. Reviewed actions of staff that were noncompliant with medication requirements specifically concerning dispensing, appropriate packaging and labeling, adherence to expiration dates and medication disposal. Reviewed completion of MAR and how to document changes in medications and physician orders. Staff was provided with documentation of medication requirements and medication disposal form. -Nurse will go out again on 8/14/24 to review MAR. Procedure changes: All AFL providers are</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 118	<p>Continued From page 11</p> <p>required to bring in physician orders, MARs and medications the day of any changes for review by QP . QP will make copies of orders and return originals for staff to keep on site. QP will notify nurse. Nurse or QP will review all MARs, physician orders and medications during monthly visits and more frequently if there are any questions.</p> <p>-Nurse and [CD/QP] reviewed expectations with QP on 8/13/24.</p> <p>-On 8/9/24, a mandatory meeting for all AFL staff was scheduled for 8/16/24 at 11am to review all medication requirements and changes in procedure. Staff will be provided with documentation of medication requires and medication disposal form.</p> <p>Describe your plans to make sure the above happens.</p> <p>-Clinical Director/QP will oversee the completion of these items stated in the plan of protection. There will be a sign-in sheet for the 8/16/24 staff meeting. Anyone who cannot attend at 11am will be required meet with [CD/QP] by 5pm on 8/16/24."</p> <p>Client #1 was diagnosed with Profound IDD, Autism and Fragile X Chromosomal disorder. Client #1 was dispensed a 30 day supply of her psychotropic medications including risperidone, divalproex and benztropine from the pharmacy on 7/1/24. Despite being documented as administered, these 3 medications were not present in the facility as they were not dispensed on 8/1/24 with her other medications because there was no current order. The AFL provider kept a backlog of medications from the previous pharmacy which was last dispensed on 4/5/24. The AFL provider had removed medications from the pharmacy dispensed packages and repacked all 7 medications in small baggies with no labels</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 118	Continued From page 12 or identifying information about the tablets she administered. Client #1 was without risperidone, divalproex and benztropine from 8/1-8/8/24 and was administered 15 doses of unknown, undated medications. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 119	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observation the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion affecting 1 of 2 clients (#1). The findings are:</p> <p>Record review on 8/6/24 for Client #1 revealed: -Date of admission: 8/1/22. -Diagnoses: Profound Intellectual Developmental Disability (IDD), Autism Spectrum Disorder, Fragile X Chromosomal Disorder. -Physician ordered medications dated 6/27/24 included: -Linzezz 290mcg (micrograms) (irritable bowel syndrome) 1 capsule every morning. -Pantoprazole 20mg (milligram) (reflux) 1 tablet every morning. -Cetirizine 10mg (allergies) 1 tablet every morning. -Levothyroxine 25mcg (thyroid) 1 tablet every morning. Additionally, medications ordered on 1/31/24 included: -Risperidone 2mg (antipsychotic) 1 tablet twice daily. -Divalproex 250mg (mood) 1 tablet every morning, 2 tablets every evening. -BENZTROPINE 0.5mg (psychotropic side effects) 1 tablet twice daily.</p> <p>Observation on 8/6/24 at approximately 1:45pm of Client #1's medications revealed: - 4 small plastic baggies (2"x3") with a variety of unidentified tablets enclosed. 1 baggie had</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 119	<p>Continued From page 14</p> <p>handwritten "[Client #1] PM" while the other 3 baggies had local retail store name imprinted. There were 6 tablets in 1 baggie; 6 tablets and 1 capsule in 1 baggie ; and 4 tablets in each of the other 2 baggies. In addition, cut from a multipack folder, was the bottom row of 4 unopened individual blister packs labeled as SAT (Saturday) morning (which contained 6 tablets), noon (empty), evening (2 tablets), bedtime (2 tablets).</p> <p>Interviews on 8/6/24 and 8/12/24 with the Alternative Family Living (AFL) provider revealed: -Switched pharmacies 2 years ago. "The days didn't match up with the new pharmacy. I just kinda used it (medications dispensed from previous pharmacy) ... it was still good ...I packaged it in daily am and pm packages and put them back for cases like now." -"[Client #1]'s medication was not expired. What I like to happen is give it on the day it says (in the booklet). They send 30-day supply and days are staggered into the right days ...I used current medication that was left over from previous staggered medications."</p> <p>Interviews on 8/8/24 and 8/12/24 with the previous dispensing Pharmacist revealed: -Their pharmacy began dispensing medications for Client #1 on 1/11/19. They last dispensed a 30-day supply of risperidone, divalproex and benzotropine for Client #1 for 4/5/23 in either a bottle or blister pack card (1 card per medication). -"As long as [Client #1] was consistently receiving these medications she should be good. Medications are usually good for 2-3 years but the legal max (maximum) expiration date" and then should be disposed.</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 119	Continued From page 15 Interview on 8/8/24 with the Clinical Director/Qualified Professional (CD/QP) revealed: -"She should have discarded the old medications." This deficiency is cross referenced into 10A NCAC 27G.0209 Medication Requirements (V118) for a Type A1 violation and must be corrected within 23 days.	V 119		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 291	<p>Continued From page 16</p> <p>inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure coordination of care with medical professionals responsible for the client's care for 1 of 2 clients (#2). The findings are:</p> <p>Record review on 8/7/24 for Client #2 revealed: -Date of admission: 3/14/23. -Diagnoses: Type II Diabetes Mellitus with Diabetic Chronic Kidney Disease, Chronic Kidney Disease, stage 3b, Mixed Hyperlipidemia, Gastro-Esophageal Reflux Disease, Seasonal Allergies, Moderate Intellectual Developmental Disability, Hypertensive Heart Disease, Nicotine Dependent. -Physician orders dated 4/8/24 included -Accu-check glide strip; check blood sugar once daily (diabetes).</p> <p>Review on 8/8/24 of Client #2's MARs (medication administration record) for 6/1-8/6/24 revealed: -Accu-check glide strip was documented as completed 6/1-8/6/24. -There was no documentation on the MAR of blood sugar testing results.</p> <p>Review on 8/6/24 of calendar/log booklet inside zippered bag along with Client #2's glucometer revealed blood sugar readings recorded on 2/26-2/29/24 and 7/2/24.</p> <p>Interview on 8/8/24 with Client #2 revealed:</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 291	<p>Continued From page 17</p> <p>- "Do my blood sugar testing every morning ... either me or [Alternative Family Living (AFL) provider] ... [AFL provider] writes it down."</p> <p>Interview on 8/6/24 with AFL provider revealed:</p> <ul style="list-style-type: none"> - Client #2 did not see a specialist for his diabetes because it was well controlled. His primary care physician (PCP) monitored his diabetes. - Took Client #2's blood sugar readings every day. - "Don't write it (results) down every day ... it's all good." - Did not have training for blood sugar testing because she was also diabetic and did her own testing. - "The doctor doesn't ask for blood sugar levels - just wants us to know if his blood sugar is staying too low." - "They usually just go by his blood work ... every 6 months." - "His monitor (glucometer) records blood sugar levels but having some issues with it ... may have to get a new one ... he sticks himself." - "Work with [Client #2] on writing things down ... I kept it in a book." <p>Interview on 8/13/24 with the PCP's Nurse revealed:</p> <ul style="list-style-type: none"> - "[Client #2] was scheduled every 4 months for fasting labs specially for A1C and glucose monitoring." - "Had not received any logs or reports from caregiver regarding their daily monitoring, but have not been concerned because his last 6 month reviews were fine." - "He should check his sugar daily and keep a log to bring in for the doctor to review." - "He got a new glucose monitor last year." <p>Interview on 8/9/24 with dispensing Pharmacy</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COURTNEY BLENDS	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
--	--

(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 291	Continued From page 18 Manager revealed: -Was last dispensed accu-test strips on 6/12/24. Client #2's current glucometer did not record history. "He would have to have an app (application) on his phone to record." Interview on 8/8/24 with the Clinical Director/Qualified Professional and Registered Nurse revealed: -"[Client #2] came to us already taking his own blood sugar." -Going to have AFL provider record blood sugar levels on the MAR.	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview , the facility was not maintained in a safe manner. The findings are: Observation on 8/6/24 at approximately 1:45pm to 3:45pm revealed : -The dining room smoke detector continually beeped intermittently . Interview on 8/6/24 with the Alternative Family Living (AFL) provider revealed: -She had not noticed the beeping sound but would take care of replacing the battery.	V 736		