

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/02/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2011
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NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - SHELBY	STREET ADDRESS, CITY, STATE, ZIP CODE 401 N MORGAN ST BOX 790 SHELBY, NC 28150
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(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) COMPLETION DATE
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F 428 SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record reviews and staff interviews, the consultant pharmacist failed to complete monthly Medication Monitoring for more than fifty (50) days for one (1) of ten (10) sampled residents reviewed for unnecessary medication reviews. (Resident #62) The findings include: Resident #62 was admitted to the facility on 5/17/2011. The resident's diagnoses included Cerebral Arterial Occlusions, Vascular dementia with depressed mood, Muscle Disuse Atrophy, Generalized Anxiety Disorder and Dysphagia. A review of the medical records revealed medication reviews were completed by the consultant pharmacist on the following dates to comply with monthly Medication Monitoring Reviews (MMR): May 20th 2011, June 6th 2011, July 8th 2011, August 5th 2011, September 13th 2011 and November 3rd 2011. The review revealed that Resident #62's medication reviews were not completed in the</p>	F 428	<p>F428</p> <p>White Oak Manor-Shelby does ensure the drug regimen of each resident is reviewed at least once a month by a licensed pharmacist.</p> <ol style="list-style-type: none"> How Corrective Action will be Accomplished for Each Resident Found to Have Been Affected by the Deficient Practice: The consultant Pharmacist does complete monthly Medication Monitoring for all residents. The Administrator met with the consultant Pharmacist on November 17, 2011 to discuss the findings and provide reeducation. The consultant Pharmacist had, however, already identified the deficient practice and implemented a corrective action plan. Therefore no further reeducation was necessary. How Corrective Action will be Accomplished for Those Residents Having a Potential to be Affected by the Same Deficient Practice: The consultant Pharmacist had already completed comparison of the Resident Census from his last day of chart reviews to the current Resident Census to ensure there were no other residents identified with medication reviews greater than thirty days in 	12-8-11
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Sonia Crispo* TITLE: *NHA* (X6) DATE: *12-8-11*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEC 09 2011
BY: _____

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F 428	Continued From page 1 month of October 2011. The review further revealed that between September and November 2011, Resident #62's medications were not reviewed for over 50 days and no other documentation was provided to relate the reviews in October 2011. A continued review of the medications and physician orders revealed that several medication changes including the use of Cymbalta and Zolofit were made in October-November 2011 for Resident #62 to meet the clinical needs of the resident and the consultant pharmacist's involvement in the medication change process was not documented. An interview with the consultant Pharmacist on 11/17/11 at 9:40 AM revealed that he had missed to review medications in the month of October 2011 for Resident #62 while he was in the building. The interview revealed that the review for Resident #62 was missed as the resident was transferred from one unit (skilled) to the other unit (Medicare) during the October time of review period. The pharmacist had failed to obtain the census at the time of entry from the Director of Nursing and thus had missed to review Resident #62's medical records. An interview with the nurse supervisor on 11/17/11 at 10:20 AM revealed that the dose of Cymbalta was increased on 10/03/11 to 30 milligrams (mg) per day and then discontinued on 11/02/11 due to some behavioral and psychological issues. Resident #62 was ordered Zolofit 25mg tablet daily on 11/02/11 for depression per physician recommendations. The nurse supervisor also confirmed that Resident #62 was not out of the building during the October 2011 pharmacy review period.	F 428	October 2011. No other residents were affected. This comparison was completed by November 17, 2011. The consultant Pharmacist is now provided a Resident Census at the time of entry to the facility and on the last day of medication reviews (as the consultant Pharmacist is in the facility several consecutive days) to ensure all medication reviews have been completed. After all monthly medication reviews are completed, the consultant Pharmacist will provide the Administrator with the records he reviewed for the month to compare to the Resident Census. In the event the facility has a different consultant Pharmacist, the reinservicing of every thirty days medication reviews will be reviewed with the consultant Pharmacist by the Administrator. This reinservicing will also be reinforced as necessary to ensure compliance. 3. Address What Measures Will be Put Into Place or Systemic Changes Made to Ensure the Deficient Practice Will Not Recur: The consultant Pharmacist is now provided a Resident Census at the time of entry to the facility and on the last day of medication reviews (as the consultant Pharmacist is in		

the facility several consecutive days) to ensure all medication reviews have been completed. This system will resolve the issue of a resident being transferred to another room/unit during the consultant Pharmacist's medication reviews. After all monthly medication reviews are completed, the consultant Pharmacist will provide the Administrator with the records he reviewed for the month to compare to the Resident Census.

In addition, Nursing Management (DON, ADON, and/or Unit Coordinators) will complete random audits of the Pharmacist's monthly medication reviews. At least ten records on each of the three nursing units will be audited monthly (for a total of at least thirty records). These audits will be completed monthly for three months, once in the following quarter, and periodically thereafter.

In the event the facility has a different consultant Pharmacist, the reinservicing of monthly (every 30 days) medication reviews will be reviewed with the consultant Pharmacist by the Administrator. This reinservicing will also be reinforced as necessary to ensure compliance.

4. Indicate How the Facility Plans to Monitor Its Performance to Make Sure That Solutions are Sustained and Dates When Corrective Action will be Complete:

Ongoing compliance to F428 will be monitored by review of the random audits of the consultant Pharmacist's monthly medication reviews. The audits will be completed by Nursing Management. The results of these observations will be reviewed with the QI team monthly for three months, once in the following quarter, and periodically thereafter for any additional recommendations.

The Administrator and the Director of Nursing are responsible for ongoing compliance to F428.

Compliance date for F428:
December 8, 2011