STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345550	A. BUILDING _____ B. WING _____	01/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK OF WAXHAW	700 HOWIE MINE ROAD WAXHAW, NC 28173

(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
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility record review, the facility failed to 1) maintain potentially hazardous hot foods (scrambled eggs, fried eggs, pureed eggs, pureed sausage) on the breakfast tray line at least 135 degrees Fahrenheit, 2) remove expired dairy products from refrigerated storage and 3) date opened refrigerated items. The findings are: 1. A facility policy "Storage of Food and Supplies", revised 1/10, recorded in part, "All opened items will be labeled to identify the product as well as the 'use by date'. During an initial facility tour, the walk-in refrigerator was observed on 1/9/12 at 9:45 AM with the following items: a. Twelve quart containers of a dairy product (half and half) were observed stored on the bottom shelf. The containers were observed with a manufacturer's expiration date stamp of 1/7/12.	F 371	F371 White Oak of Waxhaw procures, food from sources approved or considered satisfactory by Federal, State or local authorities;and stores, prepares,distributes and serves food under sanitary conditions. The potentially hazardous fried eggs, expired dairy products and the opened refrigerated item not dated were discarded. All dietary staff were inserviced on proper temperature of foods during the tray line and instructed on recording food temps before service and during service while serving on the tray line. If a food is identified anytime during the service below 135 degrees F, it will be replaced and not served. The cook is encouraged to cook in small batches and to keep food on service line covered to maintain temps until served. All staff were also inserviced on dis-carding any expired items and labeling all opened items with the date opened. Newly hired dietary staff will receive training during their job orientation by the Food Service Supervisor or Dietary Manager.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Renita B. Chapman — TITLE: Administrator — (X6) DATE: 2/3/2012

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.

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F 371	Continued From page 1 Each container was also observed with a bulging, inflated appearance. b. A plastic five pound container of fresh, peeled garlic was observed with one-fourth of the container remaining. There was no date of storage recorded on the opened container of peeled garlic. An interview with the assistant nutritional director at the time of the observation revealed that the usual practice for the facility was to label and date all items stored in refrigeration with the date of opening and date of storage. The refrigeration units were monitored each Wednesday for items that were out-of-date, or were not labeled with the date of storage/opening. She further stated that she expected any expired items would be discarded when identified. She stated that the expired containers of half and half were identified on the previous Wednesday, but had not been discarded yet, but should have been discarded. A follow-up interview with the assistant nutritional director on 1/12/11 at 10:30 AM revealed that the dietary staff made more foods from scratch now and the half and half was used during the holidays to make a cream soup and a dessert for the residents. 2. A follow-up observation occurred on 1/11/12 at 8:00 AM during the breakfast tray line. The steam table was observed turned on to its highest setting. All of the breakfast foods were observed uncovered on the breakfast tray line. Temperature monitoring occurred on 1/11/12 at 8:23 AM. The following foods were observed being served from the tray line at temperatures	F 371	The Food Service Supervisor or Dietary Manager will monitor the tray line temps Monday thru Friday after the start up of the tray line for 3 weeks and monthly for 3 months until 5-9-12 to assure proper temperatures. The Food Service Supervisor or Dietary Manager will monitor the cooler,freezer and storeroom for expired items 2 times a week for 3 weeks and monthly for 3 months until 5-9-12 to assure areas are free from expired items and open items are labeled and dated correctly. Trends or issues identified during the monitoring will be discussed with the Quality Improvement team and the Corporate Registered Dietician Consultant for recommendations as needed. The Food Service Supervisor and Dietary Manager are responsible for ongoing Compliance to F371.	2-9-12

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F 371	Continued From page 2 below 135 degrees Fahrenheit: · Scrambled eggs, 120 degrees Fahrenheit · Pureed sausage, 100 degrees Fahrenheit · Pureed eggs, 130 degrees Fahrenheit · Egg and cheese English muffin, 100 degrees Fahrenheit · Fried eggs, 80 degrees Fahrenheit During an interview with dietary staff #1 (cook) on 1/11/12 at 8:26 AM he stated that eggs should be served 130 degrees Fahrenheit and meats should be served at 145 degrees Fahrenheit. He stated that the tray line started at 7:45 AM and he monitored food temperatures before the tray line started, but it was not his practice to conduct temperature monitoring during the tray line. The breakfast tray line was observed to resume at 8:29 AM. The items identified with temperatures less than 135 degrees Fahrenheit remained on the breakfast tray line and were served. The assistant nutritional director entered the kitchen at 8:30 AM and the consulting dietitian entered the kitchen at 8:45 AM; they were interviewed at 8:48 AM. The interview revealed that it was difficult to keep some breakfast items at 140 degrees Fahrenheit or above. The consulting dietitian stated that the tray line system included a hot pellet and a dome lid/bottom and would help to keep hot foods hot. She also stated that more fried eggs would be prepared to replace the ones on the tray line. She further added "There are some things we can do" to keep foods at least 140 degrees Fahrenheit, staff would place pureed foods on the tray line in smaller portions and keep the hot foods covered during the meal service.	F 371		

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F 371	Continued From page 3 A follow-up interview with the consulting dietitian on 1/11/12 at 10:26 AM revealed that she would expect that if foods were identified during the tray line to be less than 140 degrees Fahrenheit that staff would pull those items and restock the line if the item was to be served.	F 371		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the	F 431	F431 White Oak of Waxhaw does provide services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled Drug Records, Label/Store Drugs & Biologicals as described in 483.60 (b), (d),(e). Resident #98 did and continues to receive the correct dose of 1% Volataren Gel. The Pharmacy has provided the new label indicating the dose for each application per manufacturer instructions and audited all orders for Volataren labels by 1/19/12. Daily Audits Monday thru Friday are completed for new orders by Medical Records clerk to assure accurate dose of medications, recording any inaccuracy. Pharmacy Services will monitor all Voltaren Gel orders for accuracy weekly for 4 weeks. The Pharmacy Consultant will monitor for correct labels of Voltaren Gel monthly for 3 months until 5-15-12.	

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F 431	Continued From page 4 quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the provider pharmacy failed to label accurately, a topical non-steroidal anti-inflammatory drug (NSAID) gel indicating the accurate dose for each application per manufacturer instructions (Voltaren Gel-Diclofenac Sodium topical Gel) for one (1) of one (1) resident observed for gel application during medication administration. (Resident #98) The findings are: A review of the manufacturer's product insert under dosage and administration, included a statement to use proper amount of 1% Volaren Gel with the help of an enclosed dosing card measuring 2 grams or 4 grams for each application to the affected part of the body. A review of the medical records revealed that Resident #98 was readmitted to the facility on 12/19/2011 and the admitting diagnoses included Arthropathy, peripheral Neuropathy, chronic back pain and Diabetes. A review of the original physician orders dated 9/27/2011 included an order to apply 2 grams of 1% Voltaren Gel to the left shoulder as needed for shoulder pain. Resident # 98 was observed for medication administration on 1/10/12 at 4:00 PM. Licensed Nurse (LN) #1 was observed administering	F 431	Identified Trends will be discussed with the Quality Improvement Team and Pharmacy Consultant for recommendations. The Director of Nursing and the Pharmacy Consultant are responsible for ongoing compliance to F431.	2-9-12

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F 431	Continued From page 5 medications including 1% Voltaren Gel application per request of Resident #98. A review of the pharmacy dosing instruction label failed to indicate how much of 1% Volataren Gel had to be used for Resident #98 and the nurse squeezed the Gel to her gloved finger tip and applied to Resident #98's shoulder. An interview with LN#1 on 1/10/12 at 4:04 PM revealed that the Resident had been using 1% Voltaren Gel from previous admission and she was aware how much Gel to be used for each application but stated that pharmacy label did not disclose the dose. An interview with the consultant pharmacist on 1/11/12 at 9:40 AM revealed that the pharmacy label should have indicated the accurate dose of the medication. The consultant pharmacist confirmed from the pharmacy manager and the dispensing pharmacist had omitted to enter the dose while dispensing the Voltaren Gel to Resident #98	F 431		