

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/29/2012
NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - KINGS MOUNTAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 716 SIPES ST BOX 678 KINGS MOUNTAIN, NC 28086	
(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 000	INITIAL COMMENTS	F 000		
F 253 SS=D	<p>No deficiencies were cited as a result of the complaint investigation. Event ID #RJPP11.</p> <p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to maintain cleanliness of a resident fan for one (1) of two (2) sampled resident fans. (Resident #26)</p> <p>The findings are:</p> <p>Initial observations of Resident #26's room on 03/26/12 at 12:55 PM revealed a functioning personal fan on the bedside table with the air flow directed towards the resident. The front and back grills and blades had a coating of grey dust covering the majority of the surface area. Large clumps of dust build up were noted clinging on the front grill of the fan. An additional observation on 03/26/12 at 3:22 PM revealed Resident #26's personal fan was on with the air flow directed towards her while she rested in bed. The front and back grills and blades had a coating of grey dust covering the majority of the surface area. Large clumps of grey dust build up were noted clinging on the front grill of the fan.</p> <p>An observation on 03/27/12 at 8:13 AM revealed Resident #26's personal fan was on with the air</p>	F 253	<p>F 253 HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>This facility does provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>Resident #26 fan was removed from room and cleaned on 3-29-12 and returned to the room clean.</p> <p>Fans in the other residents rooms were taken out of room and cleaned. Then returned back to the residents room.</p> <p>Housekeeping /Maintenance staff will be re-educated by 4-20-12 by the Housekeeping Director that resident fans are to be dusted by the housekeeping staff daily during routine room cleaning. Fans are to be taken to the maintenance designee as need for inner cleaning of blades.</p> <p>Housekeeping Director will monitor residents fans weekly to assure they are clean and in compliance to F 253. This will be monitored weekly for 2 months, then monthly, x 3 months.</p> <p>Results from the monitoring will be discussed during weekly Quality Improvement meetings for its effectiveness. Any identified issues will be corrected per the Quality Improvement Team recommendations. Unresolved issues will be reviewed by the Director of Housekeeping or designee for follow-up re-education.</p> <p>The Director of Housekeeping will be responsible for on going compliance with F 253.</p>	4-26-12

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

TITLE

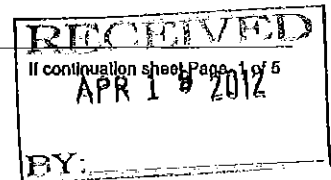
(X6) DATE

Crystal Lombardi

Administrative

4-18-12

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 253	<p>Continued From page 1</p> <p>flow directed towards her while she rested in bed. The front and back grills and blades had a coating of grey dust covering the majority of the surface area. Large clumps of grey dust build up were noted clinging on the front grill of the fan.</p> <p>A final observation on 03/29/12 at 11:30 AM revealed Resident #26's personal fan was on with the air flow directed away from her while she rested in bed. The front and back grills and blades had a coating of grey dust covering the majority of the surface area. Large clumps of grey dust build up were noted clinging on the front grill of the fan.</p> <p>During an interview on 03/29/12 at 12:30 PM the Administrator observed Resident #26's fan and informed the resident her fan would be returned as soon as it was cleaned. The Administrator stated housekeeping staff were responsible for cleaning resident rooms including personal fans.</p> <p>An interview was conducted with the Housekeeping Supervisor on 03/29/12 at 3:10 PM. The Housekeeping Supervisor stated she expected housekeeping staff to dust everything in resident rooms daily including personal fans. The Housekeeping Supervisor further stated she expected housekeeping staff to seek assistance from maintenance staff to open fans when surface cleaning of a personal fans was not adequate.</p>	F 253			
F 514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional</p>	F 514			

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NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - KINGS MOUNTAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 718 SIPES ST BOX 678 KINGS MOUNTAIN, NC 28086	
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F 514	<p>Continued From page 2</p> <p>standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT Is not met as evidenced by: Based on observation, staff and physician interviews, and record review, the facility failed to accurately transcribe Naproxen (for pain) onto the Medication Administration Record for one (1) of fourteen (14) residents observed during a medication pass. (Resident #172).</p> <p>The findings are:</p> <p>Resident #172 was admitted to the facility with diagnoses which included Diabetes Mellitus and Hypertension.</p> <p>Review of Resident #172's physician's orders dated 2/16/12 revealed an order for twice daily Naproxen 375 mg. (milligrams) administration for six weeks for pain related to pleurisy.</p> <p>Review of Resident #172's February 2012 Medication Administration Record (MAR) revealed Naproxen transcribed to be given for six weeks with a stop date of 2/27/12. Further review of the February 2012 MAR revealed documentation of Naproxen administration from</p>	F 514	<p>F 514 RES RECORDS-COMplete/ACCURATE/ ACCESSIBLE</p> <p>This facility does maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record does contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Resident # 172 medication orders were verified and Naproxen was not restarted per Physicians Order.</p> <p>Other Residents physicians orders were reviewed for accuracy of transcription as of 4-2-12 by licensed nursing staff.</p> <p>The licensed nursing staff will be re-educated by 4-24-12 by the Staff Development Coordinator or Designee regarding accuracy of transcribing orders. Physician orders will be printed and audited daily, (Monday through Friday with Saturday and Sundays orders checked on Monday), by the data entry clerk. The Quality Assurance Nurse will complete a second audit to verify accuracy.</p> <p>Orders will be monitored daily for 3 months then weekly for 3 months.</p> <p>Results from the monitoring will be discussed during weekly Quality Improvement meetings for its effectiveness. Any identified issues will be corrected per the Quality Improvement Team recommendations. Unresolved issues will be reviewed by the Director of Nursing or designee for follow-up re-education.</p> <p>The Director of Nursing will be responsible for on going compliance with F 514.</p>	4-26-12

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F 514	<p>Continued From page 3</p> <p>2/17/12 at 9:30 AM to 2/27/12 at 9:30 PM for a total of 22 doses or 11 days. There was no further documentation of Naproxen administration.</p> <p>Interview with Licensed Nurse (LN) #1 on 3/28/12 at 10:50 AM revealed she used the MAR as a guide to administer medication. LN #1 reported the Naproxen was administered for 11 days instead of 42 days. She explained the order was entered into the electronic Medication Administration system, ordered from the pharmacy and then checked by the data entry clerk.</p> <p>Interview with the data entry clerk on 3/28/12 at 11:06 AM revealed she received a printout of all new physician orders and would check the transcriptions. She reported she did not know the reason for the stop date of 2/27/12.</p> <p>During an interview with LN #2 on 3/28/12 at 12:17 PM, LN#2 reviewed the MAR and reported the order was entered with the correct dose and frequency but was stopped after 11 days due to the entered stop date.</p> <p>Interview with the Acting Director of Nursing on 3/28/12 at 12:37 PM revealed the Naproxen was to be given for 6 weeks instead of the 11 days. The acting DON reported the stop date entered onto the MAR was incorrect.</p> <p>Interview with Resident #172's physician on 3/29/12 at 9:28 AM revealed he would expect the Naproxen to be administered for six weeks but the difference of duration did not adversely affect Resident #172.</p>	F 514		

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NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - KINGS MOUNTAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 716 SIPES ST BOX 578 KINGS MOUNTAIN, NC 28086
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