

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/16/2017
NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - KINGS MOUNTAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 716 SIPES STREET KINGS MOUNTAIN, NC 28086		
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F 000	INITIAL COMMENTS	F 000			
F 332 SS=D	<p>On November 12 - 16, 2016 the Division of Health Service Regulation, Nursing Home Licensure and Certification conducted a complaint investigation in conjunction with a recertification survey, with no deficiencies cited as a result of the complaint investigation (see event ID #0XXR11).</p> <p>FREE OF MEDICATION ERROR RATES OF 5% OR MORE CFR(s): 483.45(f)(1)</p> <p>(f) Medication Errors. The facility must ensure that its-</p> <p>(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observations, staff and pharmacist interviews, and record review, the facility failed to be free of a medication error rate greater than 5% as evidenced by 2 errors out of 25 opportunities, which resulted in a medication error rate of 8% for 1 of 4 residents observed during medication administration (Resident #37).</p> <p>The findings included:</p> <p>Review of Resident #37's electronic Medication Administration Record (eMAR) revealed 9:00 AM medications to be administered included enteric coated aspirin 325 milligrams and two tablets of Klor-Con 10 milliequivalents. Direction on the eMAR specified "Do Not Crush." (Manufacturers' direction specify enteric coated aspirin should not be crushed to prevent stomach upset and Klor-Con should not be crushed to prevent too</p>	F 332	<p>White Oak Manor Kings Mountain had a medication error of 8%, but will ensure it is free of medication error rates of 5% or more. Nurse #1 did not follow the pharmacy label correctly for "Do Not Crush", at the time of the Med pass the nurse assessed the resident as not being able to take the pills whole.</p> <p>Nurse #1 was re-educated on 11/13/2017 regarding medication administration per physician orders.</p> <p>Resident #37 had no adverse affects from the administration of medications and all medications will be administered as ordered.</p> <p>The nursing staff were re-educated on</p>	12/14/17	

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

TITLE

(X6) DATE

Electronically Signed

12/06/2017

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 332	Continued From page 1 much of the drug to be released at one time.) Observation on 11/15/17 at 8:52 AM revealed Nurse #1 crushed Resident #37's enteric coated aspirin and two Klor-Con tablets. Nurse #1 placed the crushed medications into applesauce and administered the medications to Resident #37. Interview with Nurse #1 on 11/15/17 at 8:56 AM revealed Resident #37 required crushed pills due to a swallowing problem. Nurse #1 explained crushed medication ensured Resident #37 received the medications. Interview with the facility's pharmacist on 11/15/17 at 9:05 AM revealed enteric coated aspirin and Klor-Con should never be crushed. Interview with the Director of Nursing (DON) on 11/15/17 at 9:09 AM revealed she expected Nurse #1 to follow the direction on the eMAR and not crush the enteric coated aspirin and Klor-Con. The DON reported Nurse #1 should have contacted Resident #37's physician to obtain orders for liquid or alternative medications.	F 332	medication administration per physician orders by the Staff Development Coordinator starting on 11/15/2017 through 12/8/2017. Newly hired nursing staff will receive this education during their specific orientation. A monitoring tool was developed to monitor med pass being administered per physician orders. These logs will be reviewed by the Director of Nursing or designee to ensure compliance of F 332. This will be monitored weekly for 4 weeks then monthly for 2 months. Results from the monitoring will be discussed during weekly Quality Assurance Meetings for its effectiveness. Any identified issues will be corrected per Quality Assurance Team recommendations. Unresolved issues will be reviewed by the Director of Nursing or designee for follow-up re-education. The Director of Nursing is responsible for the on-going compliance of F332.		
F 371 SS=E	FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY CFR(s): 483.60(i)(1)-(3) (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.	F 371		12/14/17	

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F 371	<p>Continued From page 2</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observations, review of facility records and interviews with staff, the facility failed to label/date potentially hazardous foods after opening (meat and cheese), store potentially hazardous foods in sealed containers (meat and eggs) and discard salad dressing after a shelf life of 4 months, for 1 of 3 storage areas observed.</p> <p>The findings included:</p> <p>Review of manufacturer instruction at www.eatbydate.com, provided by the facility recorded a shelf life/use by date (UBD) of up to 4 months for salad dressing, opened or unopened.</p> <p>On 11/12/17 at 4:20 PM, an initial tour of the kitchen revealed the following foods which were stored in the walk-in refrigerator without a label to record the date of opening/storage, open to air or stored past the UBD:</p>	F 371	<p>White Oak Manor Kings Mountain had foods after opening not labeled/dated, not stored properly and salad dressing not discarded after its shelf life. Facility will ensure all dietary items are labeled/dated, stored, and maintained appropriately. The weekend dietary staff did not take the time to label and store the noted food items properly the weekend of November 11th and 12th. The dietary staff that was responsible to check dates of foods, went by the expiration date and did not take the shelf life date of 4 months into consideration with the salad dressing.</p> <p>The facility does:</p> <p>1) Procure food from sources approved or considered satisfactory by federal, state or local authorities. *This may include food items obtained</p>		

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F 371	<p>Continued From page 3</p> <p>-A clear plastic quart-sized container which contained pepperoni slices with no date of storage.</p> <p>-An opened package of livermush wrapped in plastic wrap with no date of storage.</p> <p>-A plastic bag, inflated and bulging, which contained 3 pale grey colored meat patties, identified as "turkey burgers;" the bag recorded a received/frozen date of 7/20/17, with no date of storage when placed in refrigeration.</p> <p>-An opened 32 ounce bag of shredded cheddar cheese with no date of opening.</p> <p>-An opened box of 30 sausage patties was stored open to air with no date of opening.</p> <p>-A plastic bag of 20 pre-boiled eggs was stored open to air with no date of opening.</p> <p>-A one gallon container of salad dressing with an open date recorded as "5/20/17", with a shelf life of 4 months.</p> <p>During an interview with the certified dietary manager (CDM) on 11/12/17 at 4:40 PM, she confirmed that each item did not contain a label, was stored open to air or stored past the UBD. She further stated during the observation that the pepperoni slices and shredded cheese were placed in refrigeration on Friday, 11/10/17, the livermush was purchased on Saturday, 11/11/17, and the turkey burgers were frozen 7/20/17 and placed in the walk-in refrigerator on Friday, 11/10/17 to thaw. The CDM stated the sausage patties and pre-boiled eggs should have been stored in sealed containers and dated when opened. The CDM also stated that the pre-boiled eggs, turkey burgers, livermush and sausage patties were made available to residents who requested these items. During the interview, the CDM further stated that salad dressings had a 3 - 4 month shelf life and should have been</p>	F 371	<p>directly from local producers, subject to applicable State.</p> <p>*This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>*This provision does not preclude residents from consuming foods not procured by facility.</p> <p>2) Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>3) Have a policy regarding use and storage of food brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.</p> <p>The items listed below that were not stored appropriately are no longer in the kitchen area:</p> <ul style="list-style-type: none"> *Pepperoni slices *Liver mush *Turkey burgers *Shredded cheddar cheese *Sausage patties *Pre-boiled eggs *Salad Dressing <p>Other food stored was labeled and stored under sanitary conditions.</p> <p>The staff was re-educated starting 11/12/2017 to 11/15/2017 regarding proper label, storage, and shelf life of</p>		

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F 371	<p>Continued From page 4</p> <p>discarded after 4 months. She stated that she missed seeing the salad dressing. The CDM stated that she and the kitchen supervisor monitored the storage areas during the week and it was the responsibility of the evening cooks to monitor on the weekends. The interview further revealed that the CDM expected all foods to be stored with a label/date of storage, stored in sealed containers and that expired items should be removed from refrigeration.</p> <p>During an interview on 11/14/17 at 3:14 PM, the registered dietitian (RD) stated that probably 99% of the food items received had a UBD/expiration date. She stated it was the facility's policy to date food items when opened if the food item did not have a UBD/expiration date. She stated that staff were trained to be cognizant if something looked spoiled. The RD stated that the items identified on Sunday, 11/12/17 were food items used in their kitchen very frequently, the facility changed food vendors in the last few months and so some of the items that used to have UBD/expiration dates did not anymore. The RD further stated that the foods that were stored without a date of storage on Sunday were now dated.</p> <p>A follow up interview with the RD and CDM occurred on 11/15/17 at 5:33 PM at the request of the RD. The RD stated that it was the facility's policy to date items when opened so that everyone knew when it was opened, but to follow the manufacturer date stamp if there was one. The RD further stated that potentially hazardous foods should be dated when opened. The CDM stated that the cooks in her department did not monitor the walk-in refrigerator for items properly stored over the weekend due to staffing.</p>	F 371	<p>foods by the Certified Dietary Manager. Newly hired staff will receive this education during their specific orientation.</p> <p>Monitoring logs were developed to monitor that food is labeled and stored correctly. These logs will be reviewed by the Certified Dietary Manager, Registered Dietitian, or designee to ensure continued compliance of F371. This will be monitored weekly for 4 weeks and then monthly for 2 months.</p> <p>Results from the monitoring will be discussed during weekly Quality Assurance Meetings for its effectiveness. Any identified issues will be corrected per the Quality Assurance Team recommendations. Unresolved issues will be reviewed by the Certified Dietary Manager/Registered Dietitian or designee for follow-up reeducation.</p> <p>The Certified Dietary Manager/Registered Dietitian are responsible for the on-going compliance of F371.</p>		

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F 371	Continued From page 5 During an interview on 11/16/17 at 5:21 PM, the administrator stated that it was the facility's policy to date food items when opened and to discard foods stored beyond its shelf life. The administrator stated that she expected the dietary department to follow the facility protocol as it should be done.	F 371			
F 520 SS=E	QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS CFR(s): 483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) (g) Quality assessment and assurance. (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and (g)(2) The quality assessment and assurance committee must : (i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;	F 520		12/14/17	

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F 520	<p>Continued From page 6</p> <p>(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and staff interviews, the facilities Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor these interventions that the committee put into place in October 2016. This was for one recited deficiency which was originally cited in September 2016 on a recertification survey and subsequently recited in November of 2017 on a current recertification survey. The deficiency was in the area of food procurement, to store, prepare, distribute and serve food in accordance with professional standards for food service safety. The continued failure of the facility during two federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assurance Program.</p> <p>Findings included:</p> <p>This tag is cross referred to:</p> <p>F-371 Food Procurement, Store, Prepare, Distribute and Serve food in accordance with professional standards for food service safety. Based on observations, review of facility records and interviews with staff, the facility failed to</p>	F 520	<p>White Oak Manor Kings Mountain did not ensure implementation of procedures and monitor interventions that the facility's quality assurance committee put in place related to food storage in October 2016.</p> <p>The facility maintains quality assurance assessment committee consisting of the Director of Nursing, a physician designated by the facility, and at least 3 other members of the facility's staff.</p> <p>The Quality Assessment and assurance committee meets at least quarterly to identify issues with which quality assessment and assurance activities are necessary; develops and implements appropriate plans of action to correctly identify quality deficiencies.</p> <p>The facility does have policies and procedures regarding label/date potentially hazardous foods after opening (meat/cheeses) and store potentially hazardous food in seal containers (meat/eggs) and discarded the salad</p>		

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F 520	<p>Continued From page 7</p> <p>label/date potentially hazardous foods after opening (meat and cheese), store potentially hazardous foods in sealed containers (meat and eggs) and discard salad dressing after a shelf life of 4 months, for 1 of 3 storage areas observed.</p> <p>The facility was recited for F-371 for failing to properly store, label/date and discard past shelf life potentially hazardous food. F-371 Food Procurement, Store, Prepare, Distribute and Serve food in accordance with professional standards for food service safety was originally cited during the September 22, 2016 recertification survey for failing to maintain 1 of 3 ice machines in a clean and sanitary condition.</p> <p>An interview on 11/16/17 at 5:20 PM with the Administrator revealed it was kitchen policy to date food items when they were opened. She stated she did not know all the required shelf life information for each food item but that items were to be discarded when they had gone past the date as recommended by the manufacturer. She stated that staff were more focused on items located in unit refrigerators than on items in the kitchen and that the facility was still monitoring ice machines. She stated the last report to the facility's quality assessment committee regarding checking of labeling and dating of food items on units was in July 2017 but that the kitchen would be added to this monitoring.</p>	F 520	<p>dressing after a shelf life of 4 months.</p> <p>The items listed below that were not stored appropriately are no longer in the kitchen area:</p> <ul style="list-style-type: none"> *Pepperoni slices *Liver mush *Turkey burgers *Shredded cheddar cheese *Sausage patties *Pre-boiled eggs *Salad dressing <p>Other food stored was labeled and stored under sanitary conditions.</p> <p>The staff was re-educated starting 11/12/2017 to 11/15/2017 regarding proper label and storage of foods by the Certified Dietary Manager, Registered Dietitian, or designee to ensure continued compliance of F371. This will be monitored weekly for 4 weeks and then monthly for 2 months.</p> <p>Results from the monitoring will be discussed during weekly Quality Assurance Meetings for its effectiveness. Any identified issues will be corrected per the Quality Assurance Team recommendations. Unresolved issues will be reviewed by the Certified Dietary Manager/Registered Dietitian or designee for follow-up reeducation.</p> <p>The Director of Nursing and Administrator are responsible for the ongoing compliance of F520.</p>		

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

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