STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: 346161

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED

C 03/28/2012

NAME OF PROVIDER OR SUPPLIER

WHITE OAK MANOR - KINGS MOUNTAIN

STREET ADDRESS, CITY, STATE, ZIP CODE

716 SPES ST BOX 678
KINGS MOUNTAIN, NC 28086

(X4) ID TAG

PREFIX

TAG

F 000

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LIC IDENTIFYING INFORMATION)

ID TAG

PREFIX

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

4-26-12

F 000

INITIAL COMMENTS

No deficiencies were cited as a result of the complaint investigation. Event ID #RJPP11.

483.15(b)(2) HOUSEKEEPING & MAINTENANCE SERVICES

The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

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)

The findings are:

Initial observations of Resident #26's room on 03/29/12 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 03/28/12 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.

An observation on 03/27/12 at 8:13 AM revealed Resident #26's personal fan was on with the air

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Crystal Lomax

Administrative 4-18-12

Title

OMA DATE

(OMA) DATE

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 required to continue program participation.

RECEIVED

If continuation sheet Page 6

APR 1 2014

BY:
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 253</td>
<td></td>
<td>Continued from page 1 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. 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. 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. 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.</td>
<td>F 253</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F 514</td>
<td></td>
<td>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional</td>
<td>F 514</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>PREFIX</td>
<td>TAQ</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
<td>ID</td>
<td>PREFIX</td>
<td>TAQ</td>
</tr>
<tr>
<td>----</td>
<td>--------</td>
<td>-----------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>----</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>F 514</td>
<td></td>
<td></td>
<td>Continued From page 2 standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</td>
<td>F 514</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The findings are: Resident #172 was admitted to the facility with diagnoses which included Diabetes Mellitus and Hypertension.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
continued from page 3

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.

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.

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.

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.

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.

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.
<table>
<thead>
<tr>
<th>(X1) PROVIDER/Supplier/CLIA IDENTIFICATION NUMBER:</th>
<th>348161</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X2) MULTIPLE CONSTRUCTION A. BUILDING</td>
<td></td>
</tr>
<tr>
<td>B. WING</td>
<td></td>
</tr>
<tr>
<td>(X3) DATE SURVEY COMPLETED</td>
<td>03/29/2012</td>
</tr>
</tbody>
</table>

**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

**ID PREFIX TAG**

<table>
<thead>
<tr>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
</tr>
</thead>
</table>

**PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)**

<table>
<thead>
<tr>
<th>(X5) COMPLETION DATE</th>
<th></th>
</tr>
</thead>
</table>

---

FORM CMS-2567(02-99) Previous Versions Obsolete  
Event ID: RJPF11  
Facility ID: 5933555  
If continuation sheet Page 5 of 5