STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345083	A. BUILDING _____ B. WING _____	05/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK MANOR - RUTHERFORDTO	188 OSCAR JUSTICE RD RUTHERFORDTON, NC 28139

(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 333 SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to administer a medication for irregular heart beat as ordered by the physician for one (1) of ten (10) residents (Resident #1). The findings are: Resident #1 was admitted to the facility on 10/20/98 with diagnoses including congestive heart failure, arrhythmia, and hypertension, among others. A review of the medical record for Resident #1 revealed a physician order dated 01/02/12 for propranolol 80 mg, one tablet to be administered twice a day for a diagnosis of irregular heart beat. Record review of the May Medication Administration Record (MAR) revealed propranolol was to be administered at 8:00 AM and 4:00 PM. Further review of the MAR revealed that on 05/02/12 and 05/03/12 propranolol was administered at 8:00 AM but not administered at 4:00 PM. Documentation by Licensed Nurse (LN) #1 in the MAR revealed that the medication was not available for the 4:00 PM administration on those dates. On 05/23/12 at 3:30 PM LN #1 was interviewed.	F 333	**White Oak Manor-Rutherfordton ensures their residents are free of any significant medication errors.** **Resident #1 medications including Propranolol are administered per Physicians orders and are available in the facility.** **Nursing Administration, i.e. Director of Nursing (DON), Assistant Director of Nursing (ADON), Staff Development Coordinator (SDC), have completed an audit of the current Medication Administration Records (MAR's) to identify any other concern with medications availability and to assure resident medications are delivered per Physicians orders.** **LN #1 was re-educated on how to obtain unavailable medications from the facility "back-up" pharmacy. This re-education was done on May 23, 2012 by the facility SDC.** **The licensed nurses were in-serviced on obtaining medications from the "back-up" pharmacy when the ordered medication is not available in the facility. This in-service was done on May 23, 2012 by the facility Staff Development Coordinator. Continuing education will be completed by June 21, 2012.**	6/21/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Kathryn M. Dotson, BA, LNHA — Administrator — 6-7-12

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.

RECEIVED
JUN 12 2012
BY:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345083	A. BUILDING _____ B. WING _____	05/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK MANOR - RUTHERFORDTO	188 OSCAR JUSTICE RD RUTHERFORDTON, NC 28139

(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 333	Continued From page 1 She stated the propranolol for Resident #1 was not available on 05/02/12 and 05/03/12 for the 4:00 PM administration. She said she went to the other nurses station and asked to borrow the medication but none was available. She stated she did not call the on-call supervisor to report the problem, but on 05/02/12 she faxed the pharmacy for the medication. She further stated the medication was still not available the next day. She revealed she did not know how to access the on-call pharmacy. On 05/23/12 at 4:05 PM the Assistant Director of Nursing (ADON) was interviewed concerning the availability of medications. She stated that several local pharmacies could be accessed when a medication was not available from the facility pharmacy. The ADON stated LN #1 should have called the back up pharmacy for the medication and contacted the physician and on-call supervisor if unable to obtain it. On 05/24/12 at 8:45 AM the facility pharmacist was interviewed. He stated if the facility did not have a medication, the pharmacy had a local emergency supplier and the number was posted at each nurses station. In addition, the pharmacist said if the supplier does not have the medication, it could be obtained from the local back up pharmacy, which is available twenty-four hours a day.	F 333	**Newly hired licensed nurses receive this education during their licensed nurse orientation with the SDC.** **The Nursing Administration, DON, ADON, SDC, and or Nursing Supervisor will audit the facility MAR's weekly for 4 weeks and then audit 10 random MAR's each month for 3 months to assure ongoing compliance to F 333.** **The facility Consultant Pharmacist will continue to monitor the MAR's for scheduled deliveries during routine monthly visits; reporting areas of any concern to the DON and the Administrator.** **Identified concerns or trends will be discussed with the Quality Improvement Committee for recommended system changes weekly for the 4 weeks, then monthly until any concerns or issues have been resolved.** **The DON is responsible for the ongoing compliance to F 333.**	6/21/12

White Oak Manor

Record of In service

Name of Inservice 5/23/12 - What to do if medication is NOT available.

Date/Time of Inservice 5/23/12 - 4:30pm

Presented by: TRowland, RN SDC / ASmith, RN ADON

Summary/Key Points addressed:

Steps to follow if medication is NOT available

- Contact Nurse on call if needed.
- Contact back up pharmacy
- Never write medication not available
- Never borrow medication from another resident.
- CALL Nurse who worked shift before you.
- CALL MD - get order to hold medication

Date	Signature	Month of Hire	Title/Dept
5-23-12	[signature]	Feb.	NSG/LPN
5-23-12	[signature] LPN	June	NSG/LPN
5-23-12	[signature] LPN	Aug	LPN
5-23-12	MHamson LPN	Oct	LPN/NSG
5/23/12	Janie Sanders LPN	July	LPN/NSG
5/24/12	[signature] LPN	Jun	LPN/NSG
5-24-12	[signature] LPN	Feb	LPN/NSG
5-24-12	[signature] LPN	Aug	LPN/NSG.
5-24-12	[signature] LPN	[illegible]	LPN/NSG.
5-24-12	Ursula Carson, RN	Dec.	RN/NSG.
5-24-12	Beth Hutchins LPN	Sept	LPN
5/24/12	[signature]	Oct.	LPN

5-24-12 Bonnie McHargue Jan RN/NSG