STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345238	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Manor - Charlotte	**4009 Craig Avenue , Charlotte, North Carolina, 28211**

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F0000	INITIAL COMMENTS An unannounced complaint investigation was conducted on 09/30/25. Additional information was gathered offsite on 10/01/25 and 10/02/25, therefore, the exit date was changed to 10/02/25. The following intakes were investigated: 2613302, 2617846, 2594341, 2597848, 2614299, and 2595155. 2 out of 10 allegations resulted in deficiency. per CMS guidance and QSO dated 10/01/25 26-01 ALL the posting of this 2567 was delayed. Per CMS guidance issued on 11/14/25 the exit date of this survey was adjusted.	F0000		11/18/2025
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Based on record review, and staff and Medical Director interviews, the facility failed to correctly transcribe a verbal physician's order for twice daily blood sugar checks resulting in no blood sugar checks being performed during a resident's admission. This affected 1 of 3 residents reviewed for services provided meet professional standards (Resident #3). The findings included: Resident #3 was admitted to the facility on 9/5/2025 with diagnoses which included sepsis, diabetes mellitus, failure to thrive and end stage renal disease which required hemodialysis (a treatment that removes waste products and excess fluid from the blood when the	F0684	F684 Quality of Care White Oak Manor-Charlotte will ensure residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choice. Resident #3 no longer resides in the facility with no plans to return. On 11/24/25, an audit of current residents' transcription orders from 11/01/25 to 11/24/25 were completed the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) to ensure no other residents' orders were not transcribed into the Electronic Medical Record (EMR) and/or not performed, including blood sugar checks. Current and newly admitted residents with physician orders will have orders transcribed appropriately and performed as ordered, including blood sugar checks. The Licensed Nurses were educated on how to correctly transcribe prescription orders into the EMR and ensured that the correct option is chosen within the Flow Sheet box (treatment versus medication) which would allow the	11/25/2025

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 reverse for further 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.

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

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F0684 SS = D	Continued from page 1 kidneys are no longer able to do so) three times weekly. A review of Resident #3's electronic medical record revealed a physician verbal order dated 9/5/2025 at 9:12 PM for check blood sugar twice daily. Resident #3 was not on any diabetic medication. A care plan dated 9/10/2025 indicated Resident #3 had a diagnosis of diabetes mellitus and was at risk for complications related to the disease process with a goal that Resident #3 would not experience any complications of diabetes mellitus. Interventions included monitor for signs and symptoms of hyperglycemia (high blood sugar), monitor for signs and symptoms of hypoglycemia (low blood sugar), and obtain lab work as ordered. A review of Resident #3's electronic medical record (EMR) indicated no record of blood sugar being drawn from the date of admission 9/5/2025 to discharge 9/10/2025. An interview on 10/1/2025 at 4:40 PM with the Director of Nursing (DON) revealed that the physician's verbal order dated 9/5/2025 at 9:12 PM for check blood sugar twice a day had been provided to Nurse #2 by the Medical Director. The DON indicated when Nurse #2 entered the verbal order, Nurse #2 neglected to choose an option under the Flow Sheet box (treatment versus medication) which resulted in the order never being displayed on the Medication Administration Record (MAR) or the Treatment Administration Record (TAR). The DON stated a blood sugar was not taken while Resident #3 was a resident. The DON stated orders written within the last 24 hours are reviewed by nursing staff for accuracy and she was not sure why the transcription error was not discovered. An interview on 10/1/2025 at 5:08 PM with Nurse #2 indicated she took the verbal order for check blood sugar twice a day from the Medical Director. Nurse #2 stated she was new to entering orders and made a mistake when entering the order. An interview on 10/1/2025 at 5:43 PM with the Administrator indicated that all physician orders should be entered correctly. An interview on 10/2/2025 at 8:40 AM with the Medical Director revealed Resident #3 was a very sick individual and had an extended hospital stay prior to admission to the facility. The Medical Director stated the verbal order dated 9/5/2025 at 9:12 PM for check	F0684	Continued from page 1 order to be displayed correctly on the Medication Administration Record (MAR) and the Treatment Administration Record (TAR). Additionally, education stressed the importance that staff should never select "Licensed Nurse" within the Flow Sheet drop down menu (located in EMR) because this selection will prevent the prescription medication from correctly showing on the MAR. This education was provided to current Licensed Nurses. This education was conducted in person on 10/2/25 by the facility Staff Development Coordinator, and the staff had to verbalize what appropriate actions to take when receiving a verbal order. Newly hired Licensed Nurses will receive this education during their job specific orientation by the Staff Development Coordinator (SDC). The facility does not utilize any agency staff. SDC was notified by the Director of Nursing to begin this training for newly hired Licensed Nurses. The DON, ADON or QIM (Quality Information Manager) will monitor all orders, including blood sugar checks, are properly transcribed and administered on a weekly frequency for 12 weeks, and as needed thereafter to ensure there are no lapses with verbal orders. Additionally, the DON and/or ADON will interview three nurses each week for 12 weeks to ensure they are aware of proper steps to take within the EMR when transcribing a verbal order and that they know the importance of not selecting "Licensed Nurse" from the flowsheet drop down menu. Identified trends or issues from the monitoring tools will be discussed during the morning Quality Improvement (QI) meetings, weekly for 12 weeks, and then discussions with the Quality Assurance (QA) Committee meetings for further recommendations as needed. The DON is responsible for the ongoing compliance of F684. Compliance date is 11/24/25.	

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F0684 SS = D	Continued from page 2 blood sugar twice daily was provided as Resident #3 had a history of low blood sugar episodes while in the hospital prior to admission to the facility. The Medical Director stated Resident #3 was not on any diabetic medication. The Medical Director indicated that all orders should be transcribed correctly.	F0684		
F0925 SS = D	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is NOT MET as evidenced by: Based on observations, and resident, staff, Family Member #1, and Pest Control Representative interviews, the facility failed to effectively manage pests in 1 of 3 resident rooms (Resident #1) reviewed for pest control and for 1 of 1 observation for pest control in the conference room. Findings included: Resident #1 was admitted to the facility on 02/17/25 with diagnosis of peripheral vascular disease (circulatory condition in which narrowed blood vessels reduce blood flow to the limbs). Review of Resident #1's Minimum Data Set (MDS) quarterly assessment dated 08/12/25 indicated he had moderately impaired cognition. An interview and observation were conducted on 09/30/25 at 10:31 AM with Resident #1. During the interview he stated he had observed flies/gnats in his room, but it was in a previous room. Resident #1 stated he had been to the hospital recently but could not recall what for and told the surveyor he had the wounds on his left lower leg prior to entering the facility. During the observation there were no flies or gnats noted in Resident #1's room. An interview was conducted on 09/30/25 at 3:00 PM with Family Member #1. During the interview she stated Resident #1's room was observed with flies and gnats on multiple occasions in August 2025. She stated on 08/02/25 she had to personally go out and purchase an ultraviolet (UV) insect trap and place it into Resident	F0925	F925 Effective Pest Control Program White Oak Manor-Charlotte will ensure that the facility is free of pests and rodents through an effective pest control program in order to provide a safe and comfortable environment for residents. Resident #1 continues to reside in the facility. Resident #1's room was immediately cleaned by the housekeeping staff and sprayed for pests by the Maintenance Director. There were no further concerns identified. An audit was completed on 10/17/25 to all resident rooms and common areas including the facility's conference room. The audit was to check for pests, including winged gnats, flies, rodents and other insects. The check was completed by the Maintenance Department, and pest control service was competed on 10/20/25 by the pest control provider. Facility staff were educated by the Staff Development Coordinator (SDC) on the importance of promptly removing any unfinished food items in resident rooms and how they can contribute to growing pest populations. Additionally, education to the nursing staff was completed about contacting dietary staff when food carts are ready to return to the kitchen. This education was completed on 10/2/25. Newly hired facility staff, nursing staff and maintenance staff will receive this education during their job specific orientation by the SDC. The facility preemptively contracted with a plumbing company to seal the kitchen drain under the three compartment sink in the kitchen as well as clean out pipes within the vicinity that could potentially contribute to gnats accumulating and spreading elsewhere. This work was completed on 11/20/25.	11/25/2025

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F0925 SS = D	Continued from page 3 #1's room. Family Member #1 explained she had received permission for the insect trap from a previous Administrator. The interview revealed the flies/gnats were so bad in Resident #1's room the family was, "swatting" at them. Family Member #1 stated they had told numerous facility staff members during August 2025. The interview revealed Resident #1 went to the hospital on 08/23/25 and had since changed rooms. An interview and observation were conducted on 09/30/25 at 3:40 PM with Resident #2. During the interview Resident #2 stated he was Resident #1's former roommate. He stated he had always experienced flies and gnats in his room and had even purchased a spray to help with the insects. No insects were observed at the time of the observation, however, snacks, bread and a small refrigerator were observed in Resident #2's room. He explained his former roommate (Resident #1) had purchased a "blue light" to catch insects in. He stated the facility attempted to remove his trash, but he had never seen anyone spray the room for insects. An interview conducted with the Wound Nurse on 09/30/25 at 1:53 PM revealed Resident #1 was admitted into the facility with venous ulcers (a wound on the leg or ankle caused by abnormal or damaged veins). She explained the resident had been receiving treatment to the wounds since admission and the areas were improving. The interview revealed Resident #1 was in the room with a roommate who had a refrigerator and would often leave open food in the room attracting flies and gnats. The Wound Nurse stated she had observed flies and gnats in Resident #1's room to the point Resident #1's Family Members had purchased a "blue light" ultraviolet (UV) insect trap and placed it in the room. She stated on 08/21/25 she went into Resident #1's room to clean and dress his wound to the left leg without any issues. She did not remember seeing flies or gnats on that date. The wound was wrapped with a bandage from the resident's toes to his left shin. The interview revealed the area to Resident #1's left leg was changed on Mondays and Thursdays. The Wound Nurse stated she saw Resident #1 on 08/22/25 and he was at his baseline, up sitting in his wheelchair with the bandage to his left leg in place. An interview conducted with Nurse Aide (NA) #1 on 09/30/25 at 11:23 AM revealed she worked in the facility on Resident #1's hall during the Monday through Friday shift 7:00 AM to 3:00 PM. NA #1 explained she had observed flies and gnats in the	F0925	Continued from page 3 The Maintenance Director will monitor by checking 5 rooms per week for 12 weeks, and will report on progress and/or concerns to the facility Quality Improvement (QI) Morning Meeting. An additional monitoring will begin on 11/24/25 by the Maintenance Director and will look for opened food left in resident rooms that could attract pests weekly for 12 weeks. Identified trends or issues from the monitoring tools will be discussed during the morning Quality Improvement (QI) meetings, weekly for 12 weeks, and then discussions with the Quality Assurance (QA) Committee meetings for further recommendations as needed. The Maintenance Director is responsible for the ongoing compliance of F925. Compliance date is 11/24/25.	

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F0925 SS = D	Continued from page 4 resident's room and administrative staff were aware of the situation because of the resident's roommate (Resident #2). An interview conducted with NA #2 on 10/01/25 at 11:30 AM revealed she had taken care of Resident #1 on 08/21/25 during the 7:00 AM to 3:00 PM shift. She stated she observed one or two flies in the resident's room due to snacks left open in the room and trash in the trash can. NA #2 stated she observed Resident #1's ultraviolent insect trap in his room with insects inside, on the trap. She explained that she removed the trash from his room and tried to clean up as much as she could but also housekeeping staff had come by to assist. Hospital records dated 08/23/25 revealed Resident #1 was admitted into the hospital on this date due to generally feeling weak and the need for increased oxygen. Upon assessment in the hospital Resident #1 was noted to have left lower extremity venous ulcers and blisters to the mid left shin. Resident #1 was admitted and treated for sepsis to chronic venous statis ulcer and returned to the facility on 9/12/25. On 09/30/25 at 4:06 PM an interview was conducted with the Director of Nursing (DON). During the interview she stated Resident #1's wounds were always dressed and cleaned. The DON explained on 08/23/25 Resident #1 had experienced a change of condition and was sent to the hospital. The DON stated she had physically seen small flies or gnats in Resident #1's room on one occasion due to a half-eaten banana. She explained Family Member #1 had asked to bring in an ultraviolent insect trap in August 2025 because of insects in his room. She explained Resident #1 never wanted to eat outside of his room and would always eat snacks in the room. Environmental staff were completing extra rounding to attempt to keep the room clean and meal trays were removed immediately with completion of the meal. The DON stated the Maintenance Director completed pest control rounding and the main issue that arose were ants not gnats or flies. On 10/01/25 at 10:32 AM an interview was conducted with the Maintenance Director. The Maintenance Director stated he did not keep a log of every time an issue with insects was reported. He stated if there was an issue with flies or gnats he would just go directly to the room and spray to take care of the concern. He	F0925		

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F0925 SS = D	Continued from page 5 stated the facility had a contract with a pest control company that came out monthly to spray the facility. The interview revealed he could not recall being told there was a concern with flies or gnats in Resident #1's room. On 10/02/25 at 9:25 AM an interview was conducted with the Director of Housekeeping. During the interview she stated Resident #1's room was always cleaned twice a day and throughout the day because of trash and debris in the room. She explained the residents in the room would keep dirty napkins and snack bags in the room. The Director of Housekeeping stated the room would smell and she had observed gnats in the room and a "couple" of flies. She stated she had let the Maintenance Director know about the situation and if she saw food open, she would place it in a bag to try to eliminate the insects that were attracted to the area because of food items. On 10/01/25 an interview was conducted with the Pest Control Representative. The Representative stated the Pest Control company had most recently been to the facility in September and prior to that was in the facility on 08/13/25 to treat rodent stations and in the kitchen area due to cockroaches. No flies or gnats were mentioned in the report. The interview revealed the Pest Control company had no record of issues with flies or gnats from the facility. A continuous observation on 09/30/25 and 10/01/25 revealed small, winged gnats in the facility conference room. An interview conducted on 10/01/25 at 5:00 PM with the Administrator revealed he was new to the facility and was not aware of a fly or gnat problem. He stated there should be no flies or gnats in resident rooms to create a safe, comfortable environment for the residents. The Administrator acknowledged the gnats in the conference room during the conversation.	F0925		